

# Clinton Township

172 W. Michigan Ave. / P.O. Box G  
Clinton, MI 49236  
TEL/FAX (517) 456-4837



## Variance Request Application

<b>THIS SECTION FOR OFFICE USE ONLY</b>		
Application N <sup>o</sup> _____ - _____		Date: ____ / ____ / 20 ____ <small>DAY MON YEAR</small>
FEE: \$ _____	Ck# _____	Receipt N <sup>o</sup> : _____

Address of Property Involved: \_\_\_\_\_

Tax / Parcel N<sup>o</sup>: CL \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Present Zoning: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone N<sup>o</sup>: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

A written application for a variance is submitted, demonstrating the following:

1. That special conditions and circumstances exist which are peculiar to the land, structure, or building involved and which are not applicable to other lands, structures, or buildings in the same district.
2. That literal interpretation of the provisions of this ordinance would deprive the applicant of rights commonly enjoyed by other properties in the same district under the terms of this Ordinance.
3. That the special conditions and circumstances do not result from the actions of the applicant.
4. That granting the variance requested will not confer on the applicant any special privilege that is denied by the Ordinance to other lands, structures, or buildings in the same district.
5. That no nonconforming use of neighboring lands, structures, or buildings in the same district, and no permitted use of lands, structures, or buildings in other districts shall be considered grounds for the issuance of a variance.

PLEASE ATTACH ALL SITE PLANS, LETTERS, OR OTHER DOCUMENTS PERTAINING TO THIS APPLICATION.

**I have received and read Article VII, Sections 7.3 through 7.5.7 of Clinton Township's Zoning Ordinance.**

**Signature of Applicant:** \_\_\_\_\_

### **Board of Appeals Review**

The Clinton Township Board of Appeals, having reviewed the submitted data, do hereby decide that the above variance application be:

- Approved  
 Disapproved for the following reasons (minutes attached)

Board Secretary signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_  
DAY MON YEAR