

## Clifford Township Setback Variance Application

Owner Requesting Setback Variance: \_\_\_\_\_

Type of Wavier: check one \_\_\_\_\_ Regular 30 ft. \_\_\_\_\_ Small Lot 15 ft.

Property Address: \_\_\_\_\_

Type of Proposed Building and dimensions: \_\_\_\_\_

\_\_\_\_\_

Distance of building to Property Lines: \_\_\_\_\_

**Please attach a sketch of the proposed building and property lines. On the sketch, show names of the adjacent owners, and label the distances from your proposed building to their property lines and to their buildings.**

Names of Adjacent Property Owners affected by setback variance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The people below are signing to acknowledge that we have no objections to this waiver of the Setback Ordinance. **Please date each signature.**

Signature of Owner: \_\_\_\_\_

Signature(s) of Adjacent Owners: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submit a check to Clifford Township for \$500. Any unused portion will be refunded.