

# CITY OF PERRY

203 W. Polly Street | Perry, MI 48872 | Ph: (517) 625-6155 | Fax: (517) 625-6157

## ZONING BOARD OF APPEALS REQUEST FOR VARIANCE

### 1. Identification

Project Name

Applicant Name

Address

City/State/Zip

Phone

Email Address

Interest in the Property (e.g. owner, purchaser, etc.)

Property Owner (if other than applicant)

Address

City/State/Zip

Phone

Email Address

### 2. Property Information

Property Street Address

Permanent Parcel Number

Legal Description of Property

Zoning District

Area

Width

Depth

Current Use(s)

Zoning District of Adjacent Properties to the:

North

South

East

West

### 3. Variance Request

a. Section of Ordinance from which variances are requested.

Chapter/Section	Requirement	Proposed

b. Type of variance requested.

Dimensional Variance

Use Variance

c. **Reason for Variance Request.** The Zoning Board of Appeals is required to consider the following items before approving a variance. Please complete the items below with reference to [Section 16.07](#).

Exceptional or extraordinary circumstance(s):	
Practical difficulty:	
Substantial justice:	
Not detrimental to adjacent properties and neighborhood:	
Not in conflict with intent and purpose of the City of Perry Zoning Ordinance:	
Not self-created:	
Minimum variance necessary:	

#### 4. Affidavit

I,  (applicant), do hereby swear that the information given herein is true and correct.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of Applicant

Date

Printed Name of Applicant

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of Property Owner (if different)

Date

Printed Name of Property Owner (if different)

I,  (property owner), hereby give permission for the City of Perry officials, staff, and consultants to go on the property for which the above referenced site plan is proposed for purposes of verifying information provided on the submitted application.

<b>FOR CITY OF PERRY USE ONLY:</b> Application No.	<input type="text"/>
Applicant Name:	<input type="text"/>
Received By:	<input type="text"/>
Date:	<input type="text"/>
Time:	<input type="text"/>