



VILLAGE OF MANCHESTER

912 CITY ROAD P.O. BOX 485
MANCHESTER, MI 48158
(734) 428-7877 FAX: (734) 428-1877
WWW.VIL-MANCHESTER.ORG

APPLICATION FOR VARIANCE REQUEST

Application Date: _____

APPLICANT IDENTIFICATION:

Name: _____ Telephone: _____

Address: _____

Owner Name: _____ Telephone: _____

Address: _____

Contractor: _____ License#: _____

Plan Designer: _____

PROPERTY IDENTIFICATION:

Address: _____

Location: between _____ and _____

Current Zoning: _____

DRAWING(S) REQUIRED:

If the appeal is related to a structure or parcel of land, attach a scaled drawing showing all elements. If the drawing is of a parcel of land, show all structures on the property, location of driveways, parking lots, and any easements known to you. Also indicate structures, driveways, or parking lots proposed to be build if the appeal is granted. Show any buildings, structures, or driveways surrounding the applicant's property.

APPLICANT'S STATEMENT:

I hereby state that the information I have provided in this application is true and correct to the best of my knowledge and that I have received a copy of the Manchester Village code pertaining to variances with this application.

I acknowledge that I must attend the Planning Commission meeting and the Zoning Board of Appeals public hearing when this variance request is heard.

I also understand that I will be responsible for fees incurred by Village attorneys, engineers, and/or planning consultants on behalf of this request.

Applicant's Signature: _____

Date: _____

Over>>>

