



# VILLAGE OF MANCHESTER

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

