CITY OF WAYLAND

103 S. Main St., Wayland, MI 49348
PHONE: 269-792-2265 FAX: 269-792-0387

APPLICATION FOR ZONING VARIANCE

For Official Use Only **Received $300 Fee:** _____
Date Received: _____ **Received By:** _____

1. **Name of Applicant:** _____
Address: _____
City/State/Zip: _____
Phone: **Office:** _____ **Home:** _____
Fax: _____ **Email:** _____
Date: _____ **Signature:** _____

2. **Property Owner or authorized agent (if other than the applicant):**
_____
Date: _____ **Signature:** _____

NOTES: a) The above signature certifies a formal request and an authorization by an individual having a legal interest in the subject property and the authorization of review activities by the City of Wayland. It further authorizes public notification of the request and authorizes City officials and its designees to visit and visually inspect the subject property for the purpose of site analysis prior to consideration of approval of the application and, during and upon completion of any construction or other activity governed by the City and pertaining to this application.

b) ***A required minimum fee of $300.00 must be paid when this completed and signed application form is submitted.***

3. **Permanent parcel number and legal description (attach additional sheet, if necessary):**
_____
_____
_____

4. **Street address (approximate if an official address has not been assigned) of property:** _____

5. **Current Zoning of the property:** _____

6. **Size of subject property (acreage, dimensions, etc.)**_____

7. **Indicate any restrictions that encumber the property; if none, state "none":** _____
_____

8. **State present use of property and any improvements:** _____
_____
_____

9. **Describe the proposed use and its associated activites:** _____
_____
_____

10. **Describe the nature of the requested variance and the Zoning Ordinance Section relating to it:** _____
_____
_____
_____

11. **Does a site plan accompany the application?** _____ **Yes** _____ **No**