

Cost 4600

**ASHLAND TOWNSHIP
NEWAYGO COUNTY, MICHIGAN**

ZONING BOARD OF APPEALS

VARIANCE APPLICATION

Submit to _____, Zoning Administrator.

Telephone: _____

Township Phone: _____

Township Fax: _____

1. Street address of property involved: _____
Property Tax ID # _____
Current Zoning Classification: _____

2. Applicant.

Name: _____

Address: _____

Telephone: _____

Telephone: _____

3. Name of Applicant other than property owner.

Name: _____

Address: _____

Telephone: _____

Telephone: _____

4. Nature of the Variance Request. (i.e., setback variance, height variance, other dimensional variance, etc.)

Please attach sketch of property showing buildings involved and current setback distances.

5. Has there been a previous appeal involving the premises? If so, state when the request was made and status of request.

