

CITY OF EVART

200 S. Main St.
Ewart, MI 49631
(231) 734-2181
(231) 734-3917-fax
www.ewart.org

VARIANCE APPLICATION

Date:

Applicant:

Name(s) _____

Address _____

Phone# _____

Property Owner:

(If different from applicant)

Name(s) _____

Address _____

Phone# _____

1. The specific variance request is: _____

2. The owner(s) of the described property is/are: _____

3. The legal description of the property is: _____

4. The address of the property is: _____

5. The proposed construction is: _____

6. The zoning classification is: _____

7. Existing improvements on the property are: _____

8. The duration if the proposed use is: _____

9. An undue hardship (as distinguished from a special privilege) will be created upon the petitioner(s) by literal enforcement of the zoning ordinance for the following reasons:

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To the best of my knowledge, this zoning application form is correct and complete. If additional materials are determined to be necessary, I understand that I am responsible for filing additional materials as specified by the City of Evert.

Applicant's Signature

Date

Owner's Signature

Date

APPROVALS:

By: City of Evert Planning Commission on _____ 20____.

By: City of Evert City Council on _____ 20____.

Zoning Administrator

Date