



CITY OF CASEVILLE

6767 MAIN STREET

P.O. BOX 1049

CASEVILLE, MICHIGAN 48725-1049

(989) 856-2102 FAX (989) 856-3580 TDD (800) 649-3777

www.cityofcaseville.com

ZONING VARIANCE PETITION

FILING FEE: \$300.00

Print or type

DATE: _____ PROPERTY ID#: 3253- _____ - _____ - _____

APPLICANT'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

OWNER'S NAME(S): _____

ADDRESS: _____

TELEPHONE: _____

REQUEST FOR CHANGE OF ZONING

CURRENT ZONING DISTRICT _____ TO PROPOSED: _____

COMMON PROPERTY ADDRESS OR LOCATION: _____

LEGAL DESCRIPTION: _____

LIST ALL DEED RESTRICTIONS AND EASEMENTS: _____

PROPERTY DIMENSIONS: _____ AREA: _____

REASON FOR REQUEST AND PROPOSED USE: _____

APPLICANT SIGNATURE: _____ DATE: ____/____/____

*OWNER SIGNATURE: _____ DATE: ____/____/____

*If Zoning Variance affects multiple property owners, all must sign. Use additional forms if necessary.

IMPORTANT NOTICE: By signing this application, the applicant/owner agrees to fully reimburse the City for actual cost of processing this application. Cost exceeding the \$300.00 Filing Fee will be billed to the applicant/owner. FINAL APPROVAL OF THIS REQUEST WILL BE CONTINGENT UPON FULL REIMBURSEMENT.

<u>OFFICE USE ONLY</u>	
Application: #	_____
Filing Fee: \$	_____ Ck# _____
Date Rec'd:	_____
Hearing Date:	_____
Pub. Dates:	_____
Z.B.O.A. Action:	_____
Council Action:	_____
Date:	_____
Stipulations:	_____