



## VARIANCE APPLICATION

Applicant(s)		Phone Number
Email Address <i>Required</i>		
Address		Daytime
<i>Interest in Properties (Check One)</i>	<input type="checkbox"/> Owner <input type="checkbox"/> Represent Owner <input type="checkbox"/> Option to Buy <input type="checkbox"/> Lessee <input type="checkbox"/> Other: _____	
Complete address of the property request to be reviewed:	400- ____ - ____ - ____ - ____	Current Zoning District
	Owner: _____ Address: _____ _____	Phone Number
Lot Size: Width: _____ Length: _____ Area: _____		
Legal Description:	<i>Indicate attached if needed.</i>	
Proposed use of property:	<i>Indicate attached if needed.</i>	

City of Grand Ledge – Planning & Zoning – Variance Application

Estimate the following:	<input type="checkbox"/> General Traffic Volume: _____ <input type="checkbox"/> Total Population Increase: _____ <input type="checkbox"/> Population per Acre: _____ <input type="checkbox"/> Hours of Operation: _____ <input type="checkbox"/> Total number of employees: _____ <input type="checkbox"/> Total building area proposed: _____ <input type="checkbox"/> Parking Spaces: _____
Application <b>must</b> include photographs of the property, copies of any other required permits, and a site plan, as follows:	<input type="checkbox"/> Drawn to scale of 1" = 100' <input type="checkbox"/> Existing and proposed structures (buildings, trash receptacles, landscaping, etc.) <input type="checkbox"/> Existing and proposed parking areas and driveways <input type="checkbox"/> Existing and proposed roads, easements and other access points <input type="checkbox"/> Flood plain elevations, if applicable <input type="checkbox"/> Zoning classifications of all abutting land within 300 feet

I stipulate and understand the site plan review, if approved by the City of Grand Ledge, does not guarantee I may proceed with the proposed development. I understand there may be additional permits required to meet trade codes and other governmental requirements, and I understand the City of Grand Ledge does not have any power or authority over these additional permits. I certify the statements made and the information provided in this site plan review application are true, accurate and complete.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only -----	Required Reviews	Approve / Deny		Initials
Fee Paid: _____	<input type="checkbox"/> Zoning Administrator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Date Received: _____	<input type="checkbox"/> Planning Commission	<input type="checkbox"/>	<input type="checkbox"/>	_____