



Variance Application
86 W. CENTER STREET DOUGLAS MI 49406
Phone: 269-857-1438 Fax: 269-857-4751

\$500.00 fee

12 copies required with application

Article 29 Zoning Board of Appeals for requirements

APPLICANT INFORMATION (If different than owner)

Name _____ Email _____
Address _____
Phone # _____ Fax # _____

OWNER INFORMATION

Name _____ Email _____
Address _____
Phone # _____ Fax # _____

PROPERTY INFORMATION

Address or Location _____
Permanent Parcel # _____
Zone District (Current) _____ (Proposed) _____
Property Size _____ (If Applicable)

Describe Variance Request

Four horizontal lines for describing the variance request.

I hereby attest that the information on this application form is, to the best of my knowledge, true and accurate.

Signature of Applicant and Owner (If different than applicant)

Date

I hereby grant permission for members of the Douglas Planning Commission, Board of Appeals and/or City Council to enter the above described property (or as described in the attached) for the purpose of gathering information related to this application/request/proposal.

Owner's Signature

Date

DO NOT WRITE IN THIS BOX

Date Received _____ Application Accepted By _____ Fee Paid \$ _____
Submitted Materials: _____ Site Plan _____ Application _____ Legal Description _____ Narrative Description

For Office Use Only

REMARKS

Other (Where Applicable):

Plans sent to Saugatuck Fire District on: _____

Approved on: _____

Planning Commission Review on: _____

Minutes attached: _____

Zoning Board of Appeals Review on: _____

Minutes attached: _____

Faxed to KLWSA (269-857-1565) on: _____

ZONING APPROVAL

APPROVED: _____

By: _____ Date: _____

Zoning Administrator

DENIED: _____

By: _____ Date: _____

Zoning Administrator

KLSWA APPROVAL

APPROVED FOR CONNECTION TO WATER/WASTEWATER SYSTEM

(Subject to appropriate connection fees and charges)

Street and Number _____

KALAMAZOO LAKE SEWER AND WATER AUTHORITY

APPROVED

Date: _____ By: _____

DENIED

Date: _____ By: _____