

# CITY OF EVART

200 S. Main St.  
Ewart, MI 49631  
(231) 734-2181  
(231) 734-3917-fax  
[www.ewart.org](http://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 crated upon the petitioner(s) by literal enforcement of the zoning ordinance for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

**VARIANCE APPLICATION (page 2)**

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