

APPLICATION FOR LAND DIVISION VARIANCE

CHASSELL TOWNSHIP

P.O. Box 438

CHASSELL, MICHIGAN 49916

906-523-4000

Only Complete Applications Will Be Accepted (PLEASE PRINT OR TYPE) Applications must be received 30 days prior to meeting date.

Permanent Parcel No. 31 - _____

Name of Applicant _____ Phone _____

Address _____ City _____ Zip Code _____

Address of Property _____

Nearest Cross Streets _____

Name of Property Owner _____ (PRINT)

Address _____ Phone _____

Name of Applicant's Representative _____ (if different from applicant)

Address _____ Phone _____

Please indicate the Land Division Regulation(s) from which relief is requested.

Please attach an explanation of the hardship created by enforcement of the Land Division Ordinance provisions. Please attach other supportive documentation that proves the following (see items 1 thru 3 below)

1) There are such special circumstances or conditions affecting the property that the strict application of the provisions of this chapter would clearly be impracticable or unreasonable.

2) The granting of the specified variance will not be detrimental to the public welfare or injurious to other property in the area in which the property is situated.

3) Such variance will not violate the provisions of the Michigan Land Division Act.

Name of Applicant _____ (Please Print)

Applicant's Signature _____ Date _____

Phone _____

DOCUMENTATION SUPPORTING THE REQUEST

Permanent Parcel Number. 08 - _ _ - _ _ - _ _ - _ _ .

Applicant's Name _____ Phone _____

Address _____ City _____ Zip Code _____

Applicants' Representative Name: _____ Phone _____

Please provide a detailed description

PLEASE ATTACH ANY ADDITIONAL DOCUMENTATION SUPPORTING THIS REQUEST