



15185 Algoma Ave
CEDAR SPRINGS, MI 49319
Phone 616-696-1718 Fax 616-696-3970

APPLICATION FOR VARIANCE

Chapter 17 of the Solon Township Zoning Ordinance describes the Variance procedure and the duties of the Zoning Board of Appeals (Please read attached). Solon Township Zoning Board of Appeals meets the 3rd Wednesday of the month.

Applicant: _____

Applicant's Address: _____

Applicant's Phone: _____ Fax: _____

Applicant's Email: _____

Site Address of Review Property: _____

Parcel Number of Review Property: _____ 41-02- _____

Attach Legal Description of Review Property

Zone District of Review Property: _____ Size _____

Detailed Description of Proposed Use: (***Attach additional sheets.***)

The applicant respectfully requests that an adjustment of the terms of the Zoning Ordinance be made in the case of their property because the following peculiar or unusual conditions are present which justify variance.

1. Variance Requested: (Use or Non-Use explain) _____

2. Intended property modification: _____

3. Intended use: _____

This variance is requested because of the following reasons:

a. Unusual topography-shape of land (explain) _____

b. Other (explain) _____



ALL MATERIAL MUST BE SUBMITTED 30 DAYS PRIOR TO ZONING BOARD OF APPEALS MEETING DATE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

ALL COMPLETED SITE PLAN REVIEW APPLICATIONS MUST BE SUBMITTED WITH THE FOLLOWING:

- ✓ ALL APPLICATION FEES APPLICABLE TO THIS PROJECT
- ✓ ALL ESCROW FEES APPLICABLE TO THIS PROJECT
- ✓ 7 COPIES OF DETAILED DRAWING OF PLOT SHOWING ALL SETBACKS AND OTHER PERTINENT INFORMATION.
- ✓ 7 COPIES OF WRITTEN NARRATIVE ANSWERING ALL CONDITIONS OF THE VARIANCE REQUESTED.
- ✓ APPLICANT OR REPRESENTATIVE MUST BE PRESENT AT THE MEETING WITHDRAWAL OF THIS PROJECT WILL NOT RESULT IN ANY REFUND OF THE APPLICATION FEE.

ESCROW POLICY ACKNOWLEDGMENT

I have read, and agree to abide by, the Solon Township policy concerning escrow fees.

PERSON/COMPANY RESPONSIBLE FOR ACCOUNT (statement/billing purposes):

Name (please print): _____

Mailing Address/PO Box: _____

(City) (State) (Zip)

Phone Number _____ Fax Number _____

Email: _____

**APPLICATION/ESCROW FEE SCHEDULE
REQUIRED AT THE TIME OF APPLICATION**

DESCRIPTION	FEE
Variance Application Fee	\$ 450.00
- Escrow Required	\$ 1,000.00

THESE ARE MINIMUM DEPOSITS ONLY. A *CREDIT* balance after expenses have been paid will be refunded to the applicant. A *DEBIT* balance must be paid before the project can continue.

ALL ESCROW CHARGES MUST BE CURRENT OR NO ACTION WILL BE TAKEN.
NO BUILDING PERMITS WILL BE ISSUED IF A BALANCE IS OWING.

Applicant's Signature: _____ Date: _____

For Office Use Only

Township Representative: _____ Date Received _____

Application Fee(s): \$ _____ Escrow Fee(s): \$ _____

Date of Zoning Board of Appeals Meeting: _____

****Applicant receives a copy of this application and all applicable ordinances. Original stays with Solon Township.**