

**APPLICATION FOR ZONING VARIANCE  
BOARD OF ZONING APPEALS  
CITY OF ROGERS CITY**

193 E. Michigan Ave. ~ (989) 734-2191

**DATE RECEIVED:** \_\_\_\_\_

**BY:** \_\_\_\_\_

**FEE PAID:** \_\_\_\_\_

1. Legal description or tax no. of subject property: \_\_\_\_\_  
\_\_\_\_\_
2. Present Zoning Classification: \_\_\_\_\_  
\_\_\_\_\_
3. Location and size of subject property (street no., acreage, dimensions, etc.): \_\_\_\_\_  
\_\_\_\_\_
4. Present improvement on the property (buildings, structures, etc.): \_\_\_\_\_  
\_\_\_\_\_
5. Applicant's interest in the property (deed-holder, land contract-purchaser, tenant, lessee, etc.): \_\_\_\_\_
6. If the applicant's interest is other than deed-holder, does the deed-holder know of this application and consent thereto?      Yes\_\_\_\_      No\_\_\_\_
7. Is the property encumbered by any deed or plat restrictions, or covenants? Indicate if none apply or attach a copy of same. \_\_\_\_\_  
\_\_\_\_\_
8. State the present use of the property. \_\_\_\_\_  
\_\_\_\_\_
9. State the variance requested. \_\_\_\_\_  
\_\_\_\_\_

**NAME OF APPLICANT (Printed or Typed):** \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:**      Work \_\_\_\_\_      Home \_\_\_\_\_

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**DATE OF HEARING:** \_\_\_\_\_

**BOARD ACTION:** \_\_\_\_\_  
\_\_\_\_\_

**SPECIAL CONDITIONS:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CHAIRPERSON

\_\_\_\_\_  
DATE