APPLICATION FOR SUBDIVISION VARIANCE

	Date Received:		
Name:			
Address:	Phor	Phone :	
City:	State:	Zip:	
Township:	Section:		
2) Justification of Variance: variance from the require as: a. Exceptional Topo	: On a separate sheet, please attach a ements of the subdivision regulations ographical or other conditions peculi retation of the regulations would dep property owners:	a statement explaining why the s is requested. Include such items ar to this particular parcel of land;	
c. That the peculiar	conditions do not result from previod variance is the minimum variance		
characteristics of the requ 4) All variances required by	ription and a sketch of the area show uested variance. y township zoning resolutions shall be county Planning Commission. Include	be obtained before an application	
I certify that all information	contained in this application and its	supplements is true and correct.	
Date	 Sign	ature	