Variance Application

Onondaga Township Ingham County, Michigan

Applicant					
Name:	Last	First		MI	
Address:					
	Street and Number	City	State	Zip	
Telephone:					
	Home	Ce	ell		
Owner Name:					
	Last	First		MI	
Address:	0	0	0		
	Street and Number	City	State	Zip	
Telephone: —			,,		
D 1110	Home		ell		
Parcel NO					
Property Address					
Request for Va	ariance				
Signature					
Applicant's		Date -			_
Owner's		Date -			_
	APPLICANT MUST	ATTACH LEGAL DESC	RIPTION OF PROP	PERTY	
**Proof of ownersh	nip, Site Plan, Existing and pr	oposed contours, archit	ectural drawings, a	and Health Dep	t. records required
		Official Use On	ly		
\$450 Fee Paid Committee Signa		Date Received		Hearing Date Date	
committee bigit			- -	-	
			_		

Final Action: Approved

Denied

Denied