WINDSOR CHARTER TOWNSHIP APPLICATION TO PETITION THE BOARD OF APPEALS

In accordance with Article IV of the Windsor Charter Township Zoning Ordinance, this application is a request to modify the minimum requirements of the Zoning Ordinance upon the premises known as:

ADDRESS OF PROPERTY:		
TAX PARCEL NUMBER:		
APPLICANT (If the applicant is not the owner, the applicant is a business, please give the business name and a	ant must also document the right to apply. If the contact person.)	
Name:	Phone:	
Contact Person:	Fax:	
Address:	_ E mail:	
	Pager:	
PROPERTY OWNER		
Name:	Phone:	
Contact Person:	_ Fax:	
Address:	E mail:	
	Pager:	
INTEREST IN PROPERTY: Owner Representing Owner Option to Buy	Lessee Other (specify):	
SITE STATISTICS: Zoning of Property	Current Use	
Lot Dimensions <u>ft. x</u> ft.	Non-Conforming Use? Yes No	
Lot Area acres sq.ft.	Located in a flood plain? Yes No	
Public or Private Street Frontage <u>ft.</u>	• — —	
Describe in detail your proposal for the property and indessing some some some some some some some some		

If the property is currently	y developed, describe the	nature of the use:		
Proposed Non-residential	· ·	Proposed Residential Characteristics†		
Number of Employees		Number of single-family units		
Number of off-street parking		Number of multi-family units		
Hours of operation		Type of units: Eff	2 Br 3 Br	
Days of operation		Number of off-street parking spaces		
†The applicant shall also pro	ovide any other informatio	n that is available or réqueste	d.	
The following shall be sub- -A conceptual site plan draw				
(The plan shall show all exi	sting and proposed develo	pment with accurate dimension	on.)	
-Flood plain information (if	applicable)			
-A non-refundable filing fee	as established by the Boar	rd of Trustees		
The ferror in the	6			
		with the Windsor Charter T		
		npleted will not be processed		
		ease contact the Windsor To	_	
405 V	Vest Jefferson, Dimondal	le, MI 48821 (517) 646	5-0772	
		<i>4</i> ,		
Applicant's Signature		Printed Name	Printed Name of Applicant	
	KOROJEK	CEUSE ONLY		
File Number	Date Filed	Check Number	Amount	
NOTES:				
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