

**WHITE RIVER TOWNSHIP
MUSKEGON COUNTY
ZONING BOARD OF APPEALS**

APPLICATION FOR A VARIANCE CONSIDERATION

Complete and return this form with required information and payment of fees to:
Zoning Administrator Michael Cockerill

Fees: Regular meeting or Special meeting; \$300.00

Regular meetings are on the first Tuesday of each month as needed at White River Township Hall, 7386 Post Road, Montague, and Mi. 49437

This completed form, fees and other required information must be submitted 20(twenty days) in advance of a regular scheduled or special meeting. Include 7 copies of all documents submitted.

Any required permits, i.e. DEQ

Legal Property Description

Scale drawing of property, existing buildings, proposed construction, ect.

It is preferred that applicant or representative be present at meetings to answer any further questions.

NAME _____ DATE _____

Address _____

Phone: Daytime _____ Evening _____

State clearly Variance Request (i.e. 5 ft. variance from 20 ft side lot line setback)

Reason for request:

Continued on the next page

Page 2 Application for Variance Consideration
Zoning Board of Appeals

Permission to visit site: To ensure a fair hearing on your variance request it may be necessary for the Board members to inspect the site.

(Applicant) grants permission to White River Township Zoning Board of Appeals members to visit the site for inspection purposes. This permission applies from the date of request until hearing date.

Signature

Date

Regular meetings are on the first Tuesday of each month as needed at White River Township Hall, 7386 Post Road, Montague, and Mt. 40437.
This completed form, fees and other required information must be submitted 30 (twenty days) in advance of a regular scheduled or special meeting. Include 7 copies of all documents submitted.
Any required permits, i.e. DRQ
Legal Property Description
Scale drawing of property, existing buildings, proposed construction, etc.
It is preferred that applicant or representative be present at meetings to answer any further questions.

NAME _____
DATE _____
Address _____
Phone: Daytime _____ Evening _____
State clearly Variance Request (i.e. 5 ft. variance from 30 ft. side lot setback)
Reason for request: _____

Continued on the next page