APPLICATION for Variance or Zoning Appeal Baroda Township, Berrien County, Michigan

Applicant's Name	:			
City:	State:	Zip:	Phone:	
Property Address	s:			
Permanent Parcel	Number:			
Existing Zoning: _		P	roposed Use:	
State the nature of	the appeal, inter	pretation, or va	riance request.	
Section of the ordi	nance relating to	the request: _		
A site plan must b	e provided (5 cop	pies). Does on	e accompany the application?	
Applicant's Signat	ture:		Date:	
hereby grant permission gathering information	on to the Township of related to this applicated to this applicated to the contract of the con	officials to enter the cation. <i>Note to apthe application, b</i>	correct to the best of my knowledge ne above described property for the plicant: This permission is optiona ut may delay the ability to render a	purposes of <i>l and failure to grant</i>
I hereby understand th	nat the request must i	meet all of the sta	ndards in Section 21.04.A	
			of the Baroda Township Zoning Ord Baroda Township Offices.	linance in all
For Office Use	Only			
Date application	filed:		_	
Fee amount:	Date p	oaid:		
Date of Zoning I	Board of Appeals	Meeting:		
Advertised:		Date Prope	rty Notices Sent:	
Action Taken: _				