

**CITY OF BAD AXE
300 E. HURON AVE. 48413
989-269-7681**

APPLICATION FOR VARIANCE
FROM
CITY OF BAD AXE ZONING ORDINANCE

The Planning Commission will hear request for variance.

1. Name of Applicant: _____

Address: _____

Telephone: _____

Address of property if different from applicant: _____

2. Nature of the variance requested: _____

3. Deposit required in the amount of: \$300.00 Date paid: _____

Signature of applicant: _____

Date: _____

4. PC Hearing Date: _____

5. Decision of the PC: _____

Attested by City Manager (Signature): _____

Date: _____