

**RILEY TOWNSHIP  
REQUEST FOR ZONING VARIANCE CASE#: \_\_\_\_\_**

**APPLICANT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PROPERTY ID # 74-29-\_\_\_\_-\_\_\_\_-\_\_\_\_ COMMON DESCRIPTION OF PROPERTY**  
(Address of Property) \_\_\_\_\_

**LEGAL DESCRIPTION OF PROPERTY:** (May attach or provide on site plan)  
\_\_\_\_\_

**DESCRIPTION OF VARIANCE REQUESTED FROM THE PROVISIONS OF THE RILEY TOWNSHIP ZONING ORDINANCE:** (Describe nature of the request and the Section Number of Ordinance, if applicable and reason for request.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant by signing below grants the Zoning Board of Appeal Members the option to examine the property up to ten (10) days prior to the Public Hearing. No discussion with the applicant and/or owner may take place.**

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**\*Note all legal owners must sign; also if applicant is not legal owner a notarized affidavit from the legal owner(s) giving applicant the authority to act as their agent and granting the Zoning Board Of Appeals the option to examine the property must be included with the application.**

\_\_\_\_\_  
Signature of Legal Owner

\_\_\_\_\_  
Signature of Legal Owner

**~FOR ZONING BOARD OF APPEALS/OFFICE USE ONLY  
ZONING VARIANCE**

Date application received: \_\_\_\_\_ ZBA Fee Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Deposit Paid: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ **DENIED**  
\_\_\_\_\_ **APPROVED**  
\_\_\_\_\_ **APPROVED WITH STIPULATIONS**

**Zoning Board of Appeals Meeting Date:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Chairman