WAIVER REQUEST

Construction & Development Services
49045 Pontiac Trail
Wixom, MI 48393
planningadmin@wixomgov.org
248.624.0880 office
248.624.0867 fax

Waiver Request # _____ Date _____ Checked by _____

Planning Commission Meeting Date _____

The filing of this application will facilitate the applicant appearing before the Planning Commission for the purpose of requesting a dimensional waiver from VCA requirements. All applicable sections of this application must be completed (please type or print).

APPLICANT INFORMATION:

Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

E-Mail _____

OWNER INFORMATION

Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

E-Mail: _____

LOCATION OF PROPERTY FOR WHICH THIS WAIVER IS REQUESTED

Address _____ Subdivision _____ Lot _____

The N S E W side of _____ between _____and _____

Property Tax I.D. _____ Present zoning classification _____

Current use of Property: Commercial Industrial Residential Multi-Family

WAIVER

State the Article(s) and Section(s) of the Zoning Ordinance being appealed:

_____

_____

_____

State the reason for the appeal. (What are you attempting to do and why?)

_____

_____

_____

SKETCH

A minimum of 15 copies of a clear sketch **must** accompany this application (where required). This sketch must be a minimum of 8 ½ " x 11" and show the property dimensions, all buildings existing or proposed on the site, the size of all structures within 50 feet of the property, the location and size of other important property characteristics such as easements, septic fields, etc.

The fore stated information is true to the best of my knowledge and permission is hereby granted to allow city employees and/or Board members to enter upon the subject property for purposes of investigating this waiver request.

_____ _____ _____

Applicant's Signature **Print or Type Name** **Date**