

Marenisco Township
314 Hall Street
PO Box 198
Marenisco, MI 49947
Office 906-787-2463 Fax 906-787-2244

Zoning Variance Application

Applicant Information

Name _____ Phone _____
Address _____ Fax _____
Address _____ E-Mail _____

Property Information

Parcel Id # _____

Zoning information

_____ Front _____ Back _____ Side _____ Side _____

Property Size (Lot size)

Size of building and / or addition:

Front Width _____ Name of road or highway _____
Side Width _____ Distance from edge of right-of-way _____

Distance from any lake, stream or watercourse (must be at least 50') _____

Distance from any part of the septic to well _____ Distance from septic to buildings _____
Distance from well to buildings _____ Distance from side lot lines _____

Description of proposed use / request (attach pages as needed)

I hereby attest that the information on this application form is, to the best of my knowledge,
true and accurate. _____ Date _____

I hereby grant permission for member of Marenisco Township, Zoning Administrator, Township
Board, Zoning Board of Appeals to enter the above described property for the purposes of
gathering information related to this application. **Note to applicant: This permission is
optional and failure to grant permission will not effect any decision on your application.**

Date _____

Office use only
Received _____