

**Village Of Sanford
Application and Fee Schedule**

Application For: (Check Any That Apply)

_____	Rezoning	\$150.00
_____	Conditional Use	150.00
_____	Site Plan Review	75.00
_____	Variance	150.00

Please send application fee payable to the Village of Sanford with this application to : Village of Sanford - PO Box 30-Sanford, MI 48657

Applicant Information:

Name _____
Address _____
Telephone _____

Owner Information (If Different From Applicant):

Name _____
Address _____
Telephone _____

Property Information:

Address/Location _____
Current Zoning _____
Legal Property Description _____

Description Of Proposed Use/Variance Requested (Attach Additional Information If Necessary):

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

Signature Of Applicant

Date

Optional: I hereby grant permission for members of the Village of Sanford (Planning Commission) (Zoning Board Of Appeals) (Village Council) (Zoning Administrator) to enter the above-described property for the purpose of gathering information related to this application: *Note To Applicant: This permission is optional. Failure to grant permission will not affect any decision on your application.*

Signature Of Applicant

Date

For Office Use Only

Date Received _____

Fee Paid _____ Amount _____ Check Number _____

Materials Received:

Site Plans _____

Legal Property Description _____

Application Submitted By: _____

Hearing Date: _____

Hearing Location: _____

Official Action Taken On Application/Appeal:

Aileen Acker, Clerk

Date