WAIVER REQUEST

Applicant's Signature



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

Date

Planning Commission Meeting Date		·	Checked by
The filing of this application will facilitate the a dimensional waiver from VCA requirements print).			
APPLICANT INFORMATION:			
Name	Phone		Fax
Address	City	State	Zip
E-Mail			
OWNER INFORMATION			
Name	Phone	F	-ax
Address	City	State	Zip
E-Mail:			
LOCATION OF PROPERTY FOR WHICH THIS	WAIVER IS REQUESTED	<u>)</u>	
Address	Subdivi	sion	Lot
The N S E W side of		_between	and
Property Tax I.D.		_ Present zoning classific	cation
Current use of Property: Commercial	Industrial	Residential	Multi-Family
1			
State the Article(s) and Section(s) of the section (s) of the section			

Print or Type Name