

Application for Zoning Board of Appeals



22950 Huron River Dr.
New Boston, MI 48164
(734) 753-4466

Case Number: _____

Date Received: _____

Received by: _____

Application Fee:

\$300-Residential

\$750-Commercial/Industrial

Amount Paid: \$ _____

Receipt Number: _____

(Any review fees will be
direct billed)

GENERAL INFORMATION:

Name(s) of Legal Property Owner(s): _____
Address: _____
Phone: () _____ Fax: () _____
Name of Applicant (if different than Owner): _____
Company: _____ Interest in Property: _____
Address: _____
Phone: () _____ Fax: () _____
Signature(s) of Legal Owner(s): _____

PROPERTY INFORMATION:

Tax ID Number(s): _____ Land Area (in acres): _____
Address: _____
Legal Description (use separate sheet if necessary): _____
Deed restrictions applying to property (if applicable): _____
Current Zoning District: _____ Current Land Use: _____
Describe Property Size/Dimensions, if relevant to request: _____
Describe Existing Structure(s) or Improvements on Property, if relevant to request: _____
Date Property Was Acquired by Applicant: _____

REQUESTED ACTION:

AFFIDAVIT:

Having received a decision, order, requirement, or determination from the Zoning Administrator or Planning Commission, the applicant hereby requests to appeal such decision to the Zoning Board of Appeals for:

- Administrative order, requirement, decision, and/or determination
- A nonuse variance or adjustment in provisions applying to a particular parcel or land, pursuant to Article 12
- An interpretation of the zoning text and/or map
- Special land uses considerations within any zoning district
- Action on any other matter authorized under the terms of the Zoning Ordinance

Applicable Sections of the Zoning Ordinance to Be Considered by ZBA: _____

Describe the Exact Appeal(s) Being Made (use separate sheet if necessary): _____

State the Reason(s) for Making this Appeal: _____

- The ZBA Review Submittal Requirements Checklist has been completed and attached as an appendix.

AFFIDAVIT:

This application provides authority for Township representatives to physically view and inspect the property. The undersigned says that (s)he is the (owner, lessee or other specified interest) involved in this petition and that the foregoing answers and statements herein contained and the information herewith submitted are in all respects true and correct to the best of the his/her knowledge and belief, **and accepts the effect of this appeal as per the Zoning Ordinance Article 12.**

Signature: _____

Date: _____

