

ZONING BOARD OF APPEALS APPLICATION
CHARLEVOIX TOWNSHIP
CHARLEVOIX, MICHIGAN

CASE NUMBER _____
MAP NUMBER _____
DATE REC'D. _____
HEARING DATE _____
ACTION _____

TYPE OF PRINT CLEARLY

I (WE), THE UNDERSIGNED, REQUEST A HEARING BEFORE THE CHARLEVOIX TOWNSHIP ZONING BOARD OF APPEALS IN REGARD TO THE FOLLOWING APPEAL WHICH WAS DENIED BY THE ZONING ADMINISTRATOR ON _____, 19____ FOR THE REASON THAT IT WAS A MATTER WHICH IN THE OPINION OF THE ADMINISTRATOR, SHOULD COME BEFORE THE ZONING BOARD OF APPEALS.

TYPE OF APPEAL: VARIANCE _____
INTERPRETATION _____
CHANGE FROM ONE NON-CONFORMING USE TO ANOTHER: _____

SECTION(S) OF ORDINANCE BEING APPEALED: _____

REMARKS: DESCRIBE REQUEST BEING MADE AND REASON: _____

LEGAL DESCRIPTION: _____

TAX IDENTIFICATION CODE NUMBER: _____

LOCATION OF PROPERTY: _____

PRESENT ZONING DISTRICT CLASSIFICATION: _____
HAS ANY PREVIOUS APPLICATION BEEN SUBMITTED TO THE ZONING BOARD OF APPEALS: _____
IF YES, DESCRIBE PARTICULARS: _____

THIS AREA IS : UNPLATTED _____ PLATTED _____ TO BE PLATTED _____
NAME OF PLAT: _____

NAME(S) OF OWNER OF SUBJECT PROPERTY
NAME ADDRESS PHONE NO:

XXXXX A site plan must be included with this application, showing property line and proposed building and any structure presently on the property, with dimension to the property lines.

I (WE) DEPOSE AND SAY UNDER THE PENALTIES OF PERJURY THE ALL OF THE STATEMENTS, SPECIFIES, PROPOSALS AND/OR PLANS CONTAINED IN OR SUBMITTED WITH THIS APPLICATION ARE TRUE.

COUNTY OF _____ OWNER OR DULY AUTHORIZED LEGAL
STATE OF _____ AGENT'S SIGNATURE

Subscribed and sworn to before me on this _____ day of _____ 19 ____ :
NOTARY PUBLIC _____
MY COMMISSION EXPIRES _____