

Dates: Rec: _____ Ret: _____ ZA App: _____ Sec App: _____ Hearing: _____
Application Fee Paid: \$ _____
Check or Receipt No.: _____

ZONING BOARD OF APPEALS APPLICATION

Name of Applicant: _____ Home Phone No.: _____
Mailing Address: _____ Alt. Phone No.: _____

Property Address if different than above: _____
Property Tax ID No: 120- _____ - _____ - _____ - _____

I am requesting an appeal for the following reason: _____

Please attach copies of the following items to this application:

1. Proof of ownership (copy of deed or tax bill)
2. Legal Description of property
3. Drawing showing the following:
 - a. Property lines (with dimensions); road names; and directional arrow
 - b. All existing buildings w/ distances from building to building & building to property lines
 - c. Proposed structure showing dimensions of structure, distances to property lines, and distances to surrounding buildings
4. Copies of unrecorded deeds, land contracts, purchase agreements, or other such documents (deed holder will be notified); attach mailing address and phone number, if different
5. All other items pertaining to request as outlined in ordinance
6. Please provide five (5) copies of application to zoning administrator

The cost of the hearing is \$250 plus additional costs that may occur and is payable prior to the hearing being scheduled. Payment of hearing fee does not guarantee approval by the planning commission or the township board. If approved, then an additional fee will be required for the zoning permit and will be required before construction begins. There may be other County, State, and Federal permits that are necessary before construction begins, as well.

All applicants (or their designee) are required to attend all public hearings and meetings related to this request. Failure to attend these meetings may result in the forfeiture of all fees and may require you to reapply and file a new application.

I hereby certify that all the information submitted on this form and attached with this application are true to the best of my knowledge and belief. I further understand that by signing this application that I grant permission for the Zoning Administrator, and representatives and designees of the Township to enter my property for the purpose of inspecting the property and reviewing the application.

Signature of Applicant: _____

Signature of Deed Holder (If not applicant): _____

Subscribed and sworn to before me Signature: _____

This _____ day of _____, 20____ Name of Notary: _____

County: _____ My Commission Expires: _____