

ZONING BOARD OF APPEALS APPLICATION

DATE FILED *: _____ AMOUNT: _____

APPLICANT: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____ MOBILE: _____

APPEAL INFORMATION

PROPERTY CODE #: 54-11- _____

PROPERTY ADDRESS: _____

APPLICANT'S INTEREST IN PROPERTY: _____

REASON FOR APPEAL: _____ A. Ordinance or Map Interpretation
_____ B. Appeal from Zoning Administrator Decision
_____ C. Set-Back Variance (Please state number of feet from to per setback)
Rear _____ Front _____
Water _____ Side(s) _____

Describe fully the reasons for the appeal:

(If requesting a variance, describe how the strict application of the Zoning Ordinance would work practical difficulties or unnecessary hardship with respect to the use of the property.)

A copy of site plans is required to be submitted with this application.

*A Zoning Board of Appeals hearing must be public with an announcement in the Big Rapids *Pioneer* at least 15 days prior to the hearing. There is a Seventy-five (\$75) dollar fee for this hearing. The Zoning Board of Appeals shall meet within 35 days of receipt of payment of this application.

Applicant's Affidavit

I, the signed applicant of this Zoning Board of Appeals Application do understand that any decision made by the Board of Appeals is binding and can only be changed through a court of law. I also understand that if I am not represented at the hearing, then the Board has the right to make a decision without my input, or the right to postpone the hearing. If the hearing is postponed, I realize that I will have to pay an additional \$75.00 for the public hearing notice to appear in the Big Rapids *Pioneer*. No local body, including the Morton Township Board of Trustees, can override a decision of the Board of Appeals.

With this signature I grant permission to the Morton Township Building, Zoning, and Assessing Officers/Employees and, if needed, Planning Commission members and/or the Zoning Board of Appeals, to enter my property for inspection.

Applicant's Signature