



## APPLICATION FOR ZONING BOARD OF APPEALS

\_\_\_\_\_  
DATE

### PROPERTY OWNER INFORMATION

\_\_\_\_\_  
Name

\_\_\_\_\_  
Driver's License/State ID # - State Issued  
(Copy of Driver's License/State ID required)

\_\_\_\_\_  
Address - Street # Street Name

\_\_\_\_\_  
**CENTER LINE, MI 48015**  
City State Zip Code

\_\_\_\_\_  
Property Owner Mailing Address (If different than property address) (Must be address on Driver's License/State ID)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
FAX #

\_\_\_\_\_  
Email

### APPLICANT'S INFORMATION (If not the property owner)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Driver's License/State ID # - State Issued  
(Copy of Driver's License/State ID required)

\_\_\_\_\_  
Address - Street # Street Name  
(Must be address on Driver's License/State ID)

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
FAX #

\_\_\_\_\_  
Email

### ATTORNEY OR AGENT

\_\_\_\_\_  
Name

\_\_\_\_\_  
Bar # (If applicable)

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone



Plot plans drawn to scale, on a separate sheet, showing the actual shape and dimensions of the lot, of the building and accessory buildings existing, and the lines within which the proposed building is to be erected, or altered, the existing and intended use of each building, the number of families or housekeeping units the building is designed to accommodate and such other information with regard to the lot and neighboring lots, as may be deemed necessary to properly provide for the hearing of appeal. A photograph of the building(s) must be presented with the appeal.

The fees for the Zoning Board of Appeals are:

Application: \$500.00

Public Hearing: \$250.00

Pre-Application Meetings with City Planner: \$300.00

**OWNER'S AFFIDAVIT**

The undersigned being duly sworn, deposes and says that the foregoing statement and answers herein contained and accompanied information and date are in all respects true and correct to the best of his \_\_\_\_\_; or her \_\_\_\_\_ knowledge and belief.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Print Name

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Commission Expires: \_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Notary Public

NOTE: Any decision of the Board favorable to the applicant will remain valid only as long as the information or data relating thereto are found to be correct and the conditions upon which the resolution was based, are maintained.

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**Office Use Only**

Case ZBA - \_\_\_\_\_ File Date - \_\_\_\_\_ Payment - \$ \_\_\_\_\_

Payment Received by: \_\_\_\_\_ Date: \_\_\_\_\_