

CHIKAMING TOWNSHIP ZONING BOARD OF APPEALS
APPLICATION FOR HEARING
Please Print Clearly

ZBA CASE# _____

Applicant: _____

Date: _____

Address: _____

City/State: _____

Zip _____

Phone No.: _____

Email: _____

Property Code No.: _____

Property Street Address: _____

Interest in Property _____

(If different from Applicant)

Owner _____

Address: _____

City/State: _____

Phone No.: _____

Email: _____

Return with a non-refundable fee of One Thousand (\$1000.00) Dollars. Provide nine (9) copies of each page.

The purpose of this application is:

____ An appeal of an administrative decision or interpretation regarding the Zoning Ordinance

____ A request for an interpretation of the Zoning Ordinance

I hereby state that all information contained in this application and supporting documents is true to the best of my knowledge and I further authorize representatives of Chikaming Township (if necessary) to enter the subject property for purposes of reviewing the subject of this request.

Signature of Applicant

1. Tell us about why you are meeting with the Zoning Board of Appeals

2. State what resolution you desire from the Board of Appeals

Additional pages may be used if necessary

TO BE COMPLETED BY ZONING ADMINISTRATOR -

Site plan submitted according to Article 17____

Fee Paid: _____ Receipt No.: _____

Date: _____ Date of Hearing _____