ZBA Requests Filing Fee: \$350 (Special Meeting Fee, additional \$150)

Charter Township of Fort Gratiot

County of St. Clair, State of Michigan

Parcel #:	
File #(s):	
Type:	

APPLICATION FOR APPEAL TO THE ZONING BOARD

The completed original application must be submitted with 7 copies of the pertinent data, as required and outlined in the Charter Township of Fort Gratiot "Procedures Guide for Submittal to Zoning Board of Appeals" and the applicable filing fee. The ZBA meets on the 3rd Tuesday of each month at 7:00 PM in the Township Administration Building. The applicant, owner, or a representative must be present for the Board to act on the request.

DO NOT SUBMIT COPIES OF THE APPLICATION; SUBMIT THE ORIGINAL ONLY. DO NOT STAPLE ANY ATTACHMENTS.

Property and Own	er/Applicant Informa	tion.						
Location/Address:	/Address: Lot/Unit/Map #:							
Owner Name:				Phone:	_()		
Mailing Address:				Alt Ph:	()		
If different from owner- Applicant Name:				Phone:	()		
Mailing Address:				Alt Ph:	()		
Incomplete requests will be	peal. Provide a brief description	npletion. See the "Pr	ocedures Guide fo	r Submittal to Zoning Bo	oard of Ap	peals" for specific instructions.		
Ordinance Number or S				M	aster Pla			
Surrounding Property Z	oning: N: S:	E:	W:	De	signatio	1:		
Proposed: (Plot plan M	UST be attached)							
						_		
Reason:								
permission for authori	oses that foregoing statem zed township representati rty/properties for the purp	ves, Zoning Boar	d of Appeals i	nembers and the Z	oning A			
Signature of Owner		Date	Date Signature		cant	Date		
		For Offic	ce Use Only					
Request:								
Public Hearing Date	Publication Date (not less tha	n 15 days)	Decision		Expira	tion Date of Approval		

Charter Township of Fort Gratiot Code of Ordinances can be accessed at www.municode.com