

Parcel #:	
File #(s):	
Type:	

For Office Use Only

The completed original application must be submitted with 2 copies of the pertinent data, as required and outlined in the Fort Gratiot "Procedures Guide for Submittal to Zoning Board of Appeals" and the applicable filing fee. The ZBA meets on the 3<sup>rd</sup> 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.

<b>Property and Own</b>	er/Applicant Information	n.					
Location/Address:		ot/Unit/Map #:	it/Map #:				
Owner Name:				Phone:	(	)	
Mailing Address:				Email:	(	)	
If different from owner-							
						)	
	eal. Provide a brief description of returned to the applicant for complete						
Ordinance Number or Se	ection:			Zoning	District	:	
Surrounding Property Zoning: N: S: E: W:					Master Plan		
Proposed: (Plot plan MU	<del>.</del>				C		
<u> </u>							
D.							
Reason:							
permission for authoriz	ses that foregoing statement zed township representatives, rty/properties for the purpose	Zoning Boar	d of Appeals mem	bers and the Zo	ning A		
Signature of Owner		Date	Date Signature		ant	Date	
		For Offic	e Use Only				
Request:							
Public Hearing Date	Publication Date (not less than 15	days)	Decision		Expirat	ion Date of Approval	