

BOWNE TOWNSHIP
PO Box 35, 8240 Alden Nash Road, Alto, Michigan 49302
Ph. 616-868-6846 Fax 616-868-0110
Application for Zoning Board of Appeals Review

PURPOSE OF APPLICATION FORM

This application has been designed to assist applicants in complying with Township requirements. It is not the intent of this form however to address all requirements and obligations for the applicant. It is the applicant's responsibility to obtain a copy of the Zoning Ordinance and to comply with all relevant provisions. Article 19 of the Bowne Township Zoning Ordinance specifically addresses the ZBA procedures and duties.

APPLICANT INFORMATION

Date: _____

- 1. Name: _____
 Address: _____
 Telephone: (HOME) _____ (BUS.) _____
 Email: _____ Fax: _____
 Interest in property: _____
- 2. Owner Name (IF DIFFERENT FROM APPLICANT): _____

APPLICANT'S REPRESENTATIVE, IF ANY (Attorney, Engineer, Land Use Planner, etc.)

- 3. Name: _____
 Address: _____
 Telephone: (BUS.) _____ Fax: _____
 Email: _____

PROPERTY INFORMATION

- 5. Property Address: _____
- 6. Size of Parcel: _____
- 7. Permanent Parcel Number: 41- _____
- 8. Please attach a separate sheet with the legal description of the property.
- 9. Existing Zoning: _____ Proposed Zoning: _____
- 10. Proposed Use: _____

REQUEST

State the nature of the request (dimensional variance, use variance, appeal, interpretation) and the applicable specific section of the Zoning Ordinance:

SPECIFIC SECTION OF THE ZONING ORDINANCE: _____

SIGNATURES & ACKNOWLEDGEMENTS

I hereby attest that the information on this form is, to the best of my knowledge, true and accurate. I hereby grant permission for members of the Township Planning Commission, staff and consultants to enter the subject property for the purposes of gathering information related to the request. I further acknowledge that I must attend the Zoning Board of Appeals meeting to present my request and answer questions related to this request.

11. Applicant's Signature: _____ (DATE) _____

12. Property Owner's Signature: _____ (DATE) _____

OFFICE USE ONLY

Date Application Filed: _____
Application Fee: _____ Date Paid: _____
Escrow Deposit Amount: _____ Date Paid: _____
Additional Escrow Deposit Amount: _____ Date Paid: _____
Date of Zoning Board of Appeals Meeting: _____
Decision of the Zoning Board of Appeals: _____ Variance granted _____ Variance denied