



City of Essexville, Michigan

# APPLICATION FORM

## REQUEST FOR HEARING BEFORE ZONING BOARD OF APPEALS (Submit to Zoning Board of Appeals)

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THIS SECTION TO BE COMPLETED BY CITY

Date Application Filed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fee Paid: \$ \_\_\_\_\_

Receipt No. \_\_\_\_\_ Check No. \_\_\_\_\_

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THIS SECTION TO BE COMPLETED BY APPLICANT

### PART I

PLEASE PRINT OR TYPE

Applicant Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_  
Home Work

Designated person(s) to represent the applicant at the hearing:

\_\_\_\_\_

### PART II

Legal description of property for which the appeal is being made:

Present Zoning of subject property: \_\_\_\_\_

**PART III**

Request for hearing is to:

- consider an interpretation of Zoning language, uses or boundaries
- consider a variance in dimensional requirements set forth in Zoning Ordinance
- consider a hardship imposed by strict interpretation of Zoning Ordinance
- appeal a decision made by the City's Zoning Administrator

Specifically what is the applicant requesting that the Zoning Board of Appeals consider?  
(include additional sheets if necessary)

Have a site plan or other plans been prepared for a proposed variance? Yes  No   
IF YES, PLEASE ATTACH A COPY OF THE SITE PLAN WITH THIS APPLICATION.

**PART IV**

I attest and swear to the best of my knowledge that the information provided with this application is complete and correct and that I have reviewed the applicable sections of the Essexville Zoning Ordinance prior to submitting this application.

By: \_\_\_\_\_ Dated: \_\_\_\_\_  
Applicant's Signature