

Date: _____

Application Number: _____

Review Fee: \$ _____

VILLAGE OF ALMONT APPEAL REQUEST APPLICATION

PLEASE DIRECT ANY QUESTIONS TO THE ZONING ADMINISTRATOR AT (810) 798-8528

Applicant Information

Name: _____

Street Address: _____

City: _____ Zip: _____ Home Ph: _____ Day Ph: _____

Property Owner (if different from applicant; if more than 1 list on separate sheet)

Name: _____

Street Address: _____

City: _____ Zip: _____ Home Ph: _____ Day Ph: _____

Property for which appeal is requested

Street Address: _____

Nearest Crossroads: _____

Tax Parcel ID#: _____ Zoning District: _____

Brief description of the administrative decision which is being appealed (attach additional sheets, if necessary): _____

Attach a copy of notice of decision or meeting minutes documenting decision being appealed.

I hereby affirm that the above information is correct to the best of my knowledge.

Signature of Applicant

Print/type name

Date

Signature of Property Owner
(if different from applicant)

Print/type name

Date

(See reverse)

FOR OFFICE USE ONLY

_____ Date notice of ZBA meeting published.

_____ Date notice of ZBA meeting mailed to residents and property owners within 300' of subject parcel.

Attach copy of published notice and list of property owners sent notice.

ZBA Decision

Appeal granted

Appeal denied

Date of ZBA meeting (minutes attached): _____

Remarks: _____

INSTRUCTIONS FOR FILING FOR BOARD OF APPEALS HEARING

REGULAR ZONING BOARD OF APPEALS MEETINGS are held at 7:00 p.m. on the 2nd Thursday of each month at the Village Hall.

The applications must be submitted far enough in advance of the Planning Commission meeting to allow time to meet the requirements for advertising (15 days in advance of the meeting) and notifying the owners of property within 300 feet

HEARINGS WILL NOT BE SCHEDULED UNLESS **ALL** INFORMATION IS SUBMITTED AND FEE PAID BY THIS DEADLINE

THE FOLLOWING MUST BE SUBMITTED BY THE APPLICANT:

1. Application to the Zoning Board of Appeals.
2. Application fee.