

**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: \_\_\_\_\_  
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: \_\_\_\_\_  
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: \_\_\_\_\_
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