



**CITY OF GARDEN CITY
ZONING BOARD OF APPEALS
APPLICATION**

Date Submitted:
Case No.

6000 Middlebelt Road, Garden City MI 48135
734.793.1650 Fax 734.793.1651

NOTICE TO APPLICANT: Applications for Zoning Board of Appeals must be submitted to the City *in substantially complete form*. The application must be accompanied by the data specified in the Zoning Ordinance in §154.450, plus the required review fees, a minimum of 30 days prior to a regular meeting. Regular meetings of the Zoning Board of Appeals are held on the fourth Wednesday of each month at 6:30 p.m. All meetings are held at the City Hall, 6000 Middlebelt Road.

TO BE COMPLETED BY APPLICANT:

I (we) the undersigned, do hereby respectfully request a hearing and provide the following information to assist in the review:

Applicant: _____

Mailing Address: _____

Telephone: _____ Email: _____

Property Owner(s) (if different from Applicant): _____

Mailing Address: _____

Telephone: _____ Email: _____

Applicant's Legal Interest in Property: _____

Location of Property: Street Address: _____

Nearest Cross Streets: _____

Parcel Number: _____

Nature of Appeal or Variance:

Property Size: (Square Feet): _____ (Acres) _____.

ATTACH THE FOLLOWING:

1. 12 folded copies of the survey, sketch (to scale) or site plan.
2. A brief written description of the requested variances required and any evidence in support of findings.
3. Proof of property ownership.

PLEASE NOTE: The applicant or a designated representative **MUST BE PRESENT** at all scheduled review meetings or the variance request/appeal may be tabled due to lack of representation.

Failure to provide true and accurate information on this application shall provide sufficient grounds to deny approval of requested variances/appeals or to revoke any permits granted subsequent to approval.

APPLICANT'S ENDORSEMENT:

All information contained herein is true and accurate to the best of my knowledge. I acknowledge that the ZBA will not review my application unless all information required in this application and the Zoning Ordinance have been submitted. I further acknowledge that the City and its employees or agents shall not be held liable for any claims that may arise as a result of acceptance, processing, or approval of this application.

_____	_____
Signature of Applicant	Date
_____	_____
Signature of Applicant	Date
_____	_____
Signature of Property Owner Authorizing this Application	Date

TO BE COMPLETED BY THE CITY	Case No. _____
Date Submitted: _____	Fee Paid: _____
Received By: _____	Date of Public Hearing: _____
CITY ACTION	
Approved: _____ Denied: _____ Date of Action: _____	