



ZONING BOARD OF APPEALS APPLICATION OF APPEAL

Application Fee: \$150		<i>Application Dated:</i>	
<i>Applicant/Owner Name (please print):</i>		<i>Applicant/Owners Phone Number:</i>	
<i>Applicants Email Address:</i>		<i>Applicant/Owner's Street Address:</i>	
<i>Subject Property of Appeal Street Address:</i>		<i>Parcel No.:</i>	
<i>1. Description of Property as it is at Present:</i>			
<i>A. Current Zoning of Subject Property of Appeal:</i>			
<i>B. Size of Lot:</i>		<i>C. Area (Sq. Ft.) Of Lot:</i>	
<i>D. Type of Lot (check box):</i>	Corner	Interior	Waterfront
<i>Number of buildings now on property:</i>		<i>Percentage of lot coverage on ground level:</i>	
<i>Type/Size/Use of Each Building:</i>			
<i>2. Description of proposed variance:</i>			
<i>A. Dimensions:</i>	<i>Height:</i>	<i>Width:</i>	<i>Length:</i>
<i>B. Yard Setback after completion of proposed structure/addition (If applicable):</i>		<i>Front:</i>	<i>Side: Rear:</i>
<i>C. Estimated date of start:</i>		<i>D. Estimated date of completion:</i>	
<i>3. Explanation of Appeal (use back of this sheet if space below is not adequate):</i>			
<i>A. Explain all special considerations, unique hardship(s), any limiting factors pertinent to your appeal:</i>			
4. I HEREBY DEPOSE THAT ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION AND ANY ATTACHMENT SUBMITTED HERewith ARE TRUE AND CORECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.			
<i>Applicant/Owners Signature:</i>		<i>Dated:</i>	
FOR USE BY CITY OF EATON RAPIDS EMPLOYEES ONLY			
<i>Date Received:</i>		<i>Date Paid:</i>	

For more information about the Appeals process, see Secs. 16-45 and 25-65 of the City Code of Ordinances.
 FOR USE BY BUILDING OFFICIAL:

1. Application Number:
2. Article(s) and section number(s) of zoning ordinance that are being appealed: