



1000 West Cedar Avenue
Gladwin, Michigan 48624
Telephone: (989)426-9231
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CITY OF GLADWIN ZBA APPEAL APPLICATION

Applicant Name: _____

Applicant Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Applicant Signature: _____ Date: _____

(If applicant is not the property owner, the applicant must have signed permission from the property owner in order to obtain a variance.)

Property Owner Name: _____

Property Address: _____

Tax Parcel ID Number(s): _____

Zoning District: _____

Action or Decision being Appealed: _____

Date of Meeting or Decision being Appealed: _____

Applications for appeals of administrative actions must be submitted to the Zoning Administrator within thirty (30) days of the date of such actions.

For Office Use Only:

Application Fee: _____ \$250 _____ Date Paid: _____

Date Notice Was: Posted: _____ Published: _____ Mailed: _____

Date of ZBA Hearing: _____ Appeal Reversed Appeal Affirmed Wholly

Appeal Affirmed Partly

(Attach: Minutes of ZBA Meeting)