

CITY OF HUNTINGTON WOODS, MICHIGAN
Application for **APPEAL TO THE ZONING BOARD OF APPEALS**
(248) 581-2641 Fax: (248) 541-3102

FOR OFFICE USE ONLY
APP # _____
DATE FILED: _____
FEE: _____

A statement with the reason for the appeal, maps, and other graphic information (10 copies must be provided), along with the proper fee must be submitted to the Building Department including a copy of this application.

\$300 Residential Building Addition / Dimensional Variance
\$450 Commercial, Office or Institutional
\$750 Use Variance- All Zones
\$850 Rezoning – All Zones

1. **Petitioner:** Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Business: _____
Email: _____
2. **Petitioner's interest in the property:** _____
3. If the Petitioner is not the owner of the property, attach a signed and notarized statement from the owner that the petitioner is officially acting on the owner's behalf.
4. **Property Description:**
Address: _____
Sidwell Number: 25 - _____ - _____ - _____
Lot size: _____
Size of proposed building or addition: _____
5. **Present Zoning of Property:** _____ **Present Use:** _____

Pursuant to Chapter _____, Article _____, Section _____ of the City Code,
The undersigned hereby makes application to the Zoning Board of Appeals for:

INTERPRETATION _____ **VARIANCE** _____ **SPECIAL EXCEPTION** _____ **OTHER** _____

The Petitioner's signature on this application grants permission for the Zoning Board of Appeals members and City staff to make on-site inspection of the applicant's property for the purpose of gaining a better understanding of the appeal

Signature of Petitioner Date

DECISION: The appeal was granted/ denied on _____

Notes: _____
(Zoning Admin. Signature)

Fee \$ _____ Paid _____ Receipt # _____