

**BRANT TOWNSHIP
APPEAL BOARD
APPLICATION**

TYPE / PRINT (BLACK OR BLUE INK) ALL INFORMATION: (SITE PLANS MAY BE REQUIRED)

DATE: _____

IF YOU ARE NOT THE PROPERTY OWNER, YOU AND THE PROPERTY OWNER MUST ATTEND THE APPEAL BOARD HEARING. YOU WILL BE NOTIFIED OF THE TIME, PLACE AND DATE OF THE HEARING.

(1) NAME OF APPLICANT: _____ PH # (____) _____

ADDRESS OF APPLICANT: _____

(2) NAME OF OWNER: _____ PH # (____) _____

ADDRESS OF OWNER: _____

(3) COMMON ADDRESS OF PROJECT: _____

(4) TAX DESCRIPTION OF PROPERTY: _____
(ATTACH COPY OF DEED AND LATEST PROPERTY TAX NOTICE)

(5) ATTACH A SITE PLAN, DRAWN TO SCALE (2" = 100') OF THE TOTAL PROPERTY INVOLVED. SHOWING LOCATION OF ABUTTING STREETS. LOCATIONS OF ALL EXISTING AND PROPOSED STRUCTURES. USES OF THE PROPERTY AND ANY NATURAL OR MAN-MADE FEATURES WHICH AFFECT THE PROPERTY, TOGETHER WITH AN INDICATION OF ABUTTING USES.

(6) A PREVIOUS REQUEST HAS (☐), HAS NOT (☐), BEEN MADE WITH RESPECT TO THIS PROPERTY, DATED: _____, DECISION: _____.

(7) THIS REQUEST IS IN REGARD TO:
(☐) AN INTERPRETATION OF THE ZONING ORDINANCE,
(☐) ZONING ORDINANCE VARIANCE

(8) WITH REGARDS TO THE ABOVE REQUEST, I / WE, APPLY FOR THE FOLLOWING INTERPRETATION (☐) / VARIANCE (☐) _____

(9) SUBMIT A CHECK OR MONEY ORDER FOR \$450,00, PAYABLE TO BRANT TWP.,
WHEN RETURNING THIS APPLICATION TO THE BUILDING & ZONING ADMINISTRATOR

(10) RETURN APPLICATION & FEE TO: SCOTT CROFOOT
1355 WILSON AVE.
SAGINAW, MICHIGAN 48638
PH. (989)737-5671

(11) I / WE ARE UNABLE TO ATTEND THE HEARING, THEREFORE, I / WE AUTHORIZE
_____ TO ACT AS MY / OUR AUTHORIZED AGENT
AT THE HEARING ON MY / OUR REQUEST.
(YOU MAY ATTACH SUPPLEMENTAL INFORMATION ON YOUR REQUEST).

(12) SIGNED: _____ DATE: _____

DO NOT WRITE IN THE AREA BELOW. FOR TOWNSHIP USE ONLY.

DATE RECEIVED: _____ CASE #: _____
FEE RECEIVED: \$ _____

DISTRIBUTION:	DATE:
APPEALS BOARD CHAIRMAN ()	_____
TOWNSHIP PLANNING COMMISSION ()	_____
BOARD OF APPEALS: ()	_____
OTHERS ()	_____

CURRENT ZONING: _____
DEVELOPMENT PLAN CLASSIFICATION: _____

APPLICATION DECISION: () APPROVED
 () APPROVED WITH CONDITIONS LISTED
 () REJECTED, FOR REASON/S LISTED

SIGNED: _____
CHAIRMAN, BRANT TOWNSHIP BOARD OF APPEALS

COPY SENT TO APPLICANT/S, DATE: _____