

ZONING BOARD OF APPEALS APPLICATION
CITY OF FERRYSBURG, 17290 ROOSEVELT RD, P.O. BOX 38, FERRYSBURG MI 49409

INSTRUCTIONS

Print or type requested information. Incomplete applications may delay processing of your request.

√	TYPE OF REQUEST
	Non-Use (Dimensional) Variance
	Appeal of Administrative Decision
	Ordinance (Text) Interpretation
	Zone District Boundary (Map) Interpretation
	Non-Conforming Use
	Other _____

APPLICANT INFORMATION	
Address	
Telephone (home)	
Business name	
Business address	
Telephone (business)	
Business FAX	
Project architect/engineer	
Address of architect/engineer	
Telephone of architect/engineer	

PROPERTY/PROJECT INFORMATION	
Address of subject property	
Parcel identification number	
Property owner (name/address)	
Current zoning	
Current use	
Proposed use	
Construction start date	

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Owner of subject property (if different than applicant). If there are multiple owners, list names and addresses of each and indicate ownership interest. Attach additional sheet if necessary.	
Address of property owner (if different than applicant).	
Real Estate Firm/Broker handling sale of property (if applicable). Provide name and address. <i>Note: If you do not own the subject property, you must provide a copy of a Purchase Agreement or instrument acceptable to the City indicating the owner is fully aware of, and in agreement with, the requested action.</i>	
City Business License Permit Number (if applicable).	

APPLICANT CERTIFICATION	
By the signature(s) attached hereto, I (we) certify that the information provided within this application and accompanying documentation is, to the best of my (our) knowledge, true and accurate. Furthermore, I (we) hereby authorize the City to enter the property associated with this application for purposes of conducting necessary site inspections.	
By: _____ (Signature)	By: _____ (Signature)
Name: _____ (Type/Print)	Name: _____ (Type/Print)
Date: _____	Date: _____

CITY USE ONLY - PLEASE DO NOT WRITE IN THIS SECTION	
ITEM	ACTION
Date application received:	
Fee paid:	
Does application require public hearing?:	Hearing Date:
Staff review date/reviewer name:	
ZBA final action:	Approve: _____ Deny: _____
Conditions Attached to Approval:	Yes (See Attached Sheet): _____ No: _____
Other:	