

CITY OF OWOSSO
ZONING BOARD OF APPEALS
REQUEST FOR HEARING

NOTE TO APPLICANTS:

1. All applications received by the 31st of the month will be heard on the 3rd Tuesday of the following month at 9:30 a.m., lower level of City Hall.
2. The applicant, or legal representative of the applicant, must be present at the Public Hearing for action to be taken.
3. In order that this application may be processed, the applicant must complete Page 1 of this form and make payment of a non-refundable fee of \$90.00 to the City Treasurer's Office to cover costs the City incurs.
4. Questions about this application may be directed to (989) 725-0540.

Request is hereby made to the City of Owosso for a hearing before the Zoning Board of Appeals for one or more of the following:

- _____ Variance
- _____ Administrative Interpretation
- _____ Class A Non-Conforming Status or Expansion
- _____ Appeal of Staff or "Board" Decision
- _____ Exception/Special Approval

APPLICANT: _____

ADDRESS: _____ LOCATION OF APPEAL: _____

PHONE NO.: (_____) _____ DATE APPEAL FILED: _____

APPEAL: (Indicate all data pertinent to this case, both present and proposed.)

If this is a variance request, indicate how the strict enforcement of the Zoning Ordinance would result in practical difficulty to the property owner, and how this difficulty is peculiar to the property.

(Note: For a dimensional variance it is necessary to submit a site plan with this application.)

I hereby state that all above statements and any attached documents are true and correct to the best of my knowledge.

Signature of Applicant