

ZEELAND CHARTER TOWNSHIP

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ZONING BOARD OF APPEALS MEETING REQUEST FORM

APPLICATION FOR VARIANCE

1. Street Address and/or Location of Request: _____

2. Parcel Identification Number (Tax I.D. No.): #70-17- _____

3. Applicant's Name: _____ Phone Number _____

Address: _____

Zip _____ Street _____ City _____ State _____

Fax Number _____ Email Address _____

4. Are You: Property Owner Owner's Agent Contract Purchaser Option Holder

5. Applicant is being represented by: _____ Phone Number _____

Address: _____

6. Present Zoning of Parcel _____ Present Use of Parcel _____

7. Please indicate the type of variance being requested:

- Lot Coverage Lot Size/Area Lot Width Sign Parking
- Setbacks Fence Landscaping Building Height Land Use
- Accessory Building Other

8. Please use the lines below to state the reason(s) for the variance request:

The facts presented above are true and correct to the best of my knowledge.

I hereby authorize the submittal of this application and agree to abide by any decision made in response to it. By signing below, I hereby give permission for members of the Planning Commission, Zoning Board of Appeals, Township Board, or Township staff to enter my property for the purpose of reviewing my request.

Type or Print Your Name Here: _____

Applicant Signature _____ Date _____

The Board of Appeals meets the 4th Tuesday of the month, as needed.

Meeting requests must be made 30 days in advance.

Please submit the following information 30 days in advance of the meeting:

1. \$500 fee (for a meeting held on the 4th Tuesday of the month.)
OR
\$750 fee (for a special meeting held on a date other than the 4th Tuesday of the month.)
2. **9 copies** of the site plan