

**APPLICATION TO THE ZONING BOARD OF APPEALS**  
**Metamora Township**

(810) 678-2237  
730 WEST DRYDEN ROAD, METAMORA, MI 48455

APPLICANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

COMMON DESCRIPTION OF PROPERTY AND ADDRESS, IF ISSUED: \_\_\_\_\_

COMPLETE LEGAL DESCRIPTION  Attached  Included on site plan

REQUIRED SITE PLAN  Attached \*\*\* Application will not be accepted without required plan\*\*\*

EXISTING ZONING \_\_\_\_\_ EXISTING USE \_\_\_\_\_

- TYPE OF REQUEST
- A variance from the Zoning Ordinance (*Attach Supplemental Information Sheet*)
  - An interpretation of the  text or  Map of the Zoning Ordinance
  - Administrative Review
  - Temporary Use Permit

Under Section \_\_\_\_\_ of the Zoning Ordinance

PROPOSED USE \_\_\_\_\_

THE APPLICANT REQUESTS THAT THE FOLLOWING BE GRANTED \_\_\_\_\_

THE REASON FOR THIS REQUEST IS \_\_\_\_\_

ESTIMATED COMPLETION DATE OF PROPOSED PROJECT \_\_\_\_\_

ARE YOU THE SOLE LEGAL OWNER OF PROPERTY?  YES  NO

Provide names, addresses and signatures for all persons with a legal or financial interest in the property. All persons having legal interest in the property must sign this application.

	Name (Please Print)	Address	Interest	Signature
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I do hereby swear that all the statements, signatures, descriptions and exhibits submitted on or with this application are true and accurate to the best of my knowledge and that I am authorized to file this application and act on behalf of all owners of the property.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Provide five (5) copies of this completed form and the required site plan. The applicant is responsible for obtaining a copy of the Zoning Ordinance from the Township Clerk. The applicant or representative must be present at the Zoning Board of Appeals meeting or no action will be taken.*

Date Received \_\_\_\_\_ **Office Use Only** By: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

ZBA Public Hearing (Date) \_\_\_\_\_ **Case # ZBA -- --**