



G-5447 Bicentennial Dr.
Mt. Morris, MI 48458
(810) 785-1054
www.mtmorristwp.org

Application for Zoning Board of Appeals

Applicant: _____ Telephone Number: _____

Address _____ City _____ State _____ Zip Code _____

Location of Property in Question: _____

Legal Description: _____

Property Number: _____ Zoning Classification: _____

Type of Appeal: (Check one below and give explanation)

- | | |
|--|--------------|
| A.) Interpretation of the Zoning Ordinance | C.) Variance |
| B.) Special Exception | D.) Other |

Explanation: _____

Name and address of every other person, firm, and/or corporation having a legal or equitable interest in the property.

Name: _____ Address: _____

Name: _____ Address: _____

Applicant's Signature _____

- ◆ Application and non-refundable filing fee must be submitted twenty (20) days prior to the public hearing date (before noon on the 20th day).
- ◆ Approval Period – If approved and no action is taken within one calendar year from the date of decision, the matter will be void and another application will need to be submitted.

TO BE COMPLETED BY THE TOWNSHIP

Date Application Received: _____ Fee Paid: _____

Meeting Date: _____

- ◆ A representative must be in attendance