



**FOR OFFICE USE
ONLY**

Case No. _____

Date of Hearing _____

Decision _____

Date Filed:

**CITY OF INKSTER
ZONING AND HOUSING APPEALS BOARD**

APPLICATION

A person aggrieved, or an officer, department, board, or bureau of the city or village may request an appeal. The Board of Appeals may reverse or affirm, wholly or partly, or may modify the order, requirement, decision, or determination being appealed. Submit \$450.00 application fee for residential or \$500.00 application fee for commercial and proof of ownership of the property requiring review.

I, _____ hereby make application for a hearing, seeking to

Reverse Affirm Modify **one of the following**

Order Requirement Decision or Determination

made by _____ which states the following:

APPLICANT INFORMATION: (Please leave no blank spaces)

FIRM _____ NAME OF CONTACT _____

INDIVIDUAL APPLICANT _____

ADDRESS _____

TELEPHONE NUMBERS () _____ () _____ () _____
DIRECT PAGE FAX

OWNERSHIP INFORMATION: (Please leave no blank spaces)

NAME OF LEGAL OWNER(S) _____

ADDRESS _____

TELEPHONE NUMBERS _____

NAME OF LEASEE (If different from applicant) _____

ADDRESS _____

TELEPHONE NUMBERS (____) _____ (____) _____ (____) _____
DIRECT PAGE FAX

PROJECT SITE INFORMATION: (Please leave no blank spaces)

PROPERTY ADDRESS _____ LOTS _____

SUBDIVISION _____ PROPERTY ID# _____

GENERAL LOCATION _____

Give date property was acquired and type of ownership, and state all deed, subdivision improvement and property restrictions, in effect at this time, together with their date of expiration: _____

State the main arguments upon which this application for appeal is based (a separate attached letter may be used if desired): _____

Is there a particular ordinance claimed as the basis for this appeal? Yes No

If yes, please indicate the ordinance and its section: _____

Please provide the following: A plat and plans drawn to scale (if below is not enough space, feel free to attach additional sheets) showing the actual shape and dimensions of the lot and of any buildings existing and lines within which the proposed building is to be erected or lot altered or how the property is impacted by whatever is proposed. Indicate the existing and proposed uses of all buildings and such other information with regard to the lot and neighboring lots as may be deemed necessary to properly provide for the hearing of the appeal:

CERTIFICATION

STATE OF MICHIGAN)
) SS
COUNTY OF WAYNE)

The undersigned, being first duly sworn deposes and says that the foregoing statements and answers contained and accompanied information and data are in all respects true and correct to the best of his/her knowledge or belief.

Signature of applicant

Printed name and title of applicant

Subscribed and sworn to before me this _____ day of _____ 20_____.

Signature of Notary

Notary Public, _____ County, _____
State

My commission expires: _____.

Any decision of the Board favorable to the applicant will remain valid only as long as the information or data relating thereto are found to be correct and the conditions upon which the resolution was based are maintained. The decision of the Board of Appeals shall be final. However, a person having an interest affected by the zoning ordinance may appeal to the circuit court.