

Date Received by City

FILE NO.

Zoning Board of Appeals Application

Type of Request	Required Fee
Residential Appeal	\$200.00
Commercial Appeal	\$450.00

Address of Subject Property	
Description of Request/Section of Zoning Ordinance Seeking Relief From	

Applicant/Property Owner Information—REQUIRED	
Name	
Mailing Address	
Phone and Email	
<p>"I" hereby certify to the correctness and knowledge of the information submitted and hereby agree to comply with the terms and requirements of all applicable City ordinances. ____ I also grant City staff and officials permission to enter onto the subject property in review of this application</p>	
Applicant Signature	
<p>If the applicant is not the property owner, proof of ownership or interest in the property (i.e. deed, land contract, option agreement, purchase agreement, lease, etc.) must be attached to this application.</p>	

<u>CITY OF MOUNT CLEMENS USE ONLY</u>			
TAX ID # _____			
Public Hearing Notification Date _____	Public Hearing Publication _____		
Zoning Board of Appeals Action:			
DENIED _____	APPROVED _____	APPROVED, WITH CONDITIONS _____	WITHDRAWN _____



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