

**APPLICATION TO THE ZONING BOARD OF APPEALS  
GRANT TOWNSHIP, OCEANA COUNTY, MICHIGAN**

1. Property Owner (s) \_\_\_\_\_ Phone: \_\_\_\_\_

2. Address \_\_\_\_\_

3. Address of parcel subject to this application \_\_\_\_\_

4. Property Number parcel subject to this application 64-017- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

5. Zoning District in which property is located \_\_\_\_\_ Size of parcel \_\_\_\_\_

6. Use of Parcel \_\_\_\_\_

7. This application is being filed for:

- \_\_\_ A variance from Zoning Ordinance Section (s) \_\_\_\_\_
- \_\_\_ An interpretation of Zoning Ordinance Section (s) \_\_\_\_\_
- \_\_\_ An interpretation as to the location of a Zoning District Boundary
- \_\_\_ An appeal of the decision of the Zoning Administrator

8. Provide reasons why the Zoning Board of Appeals should grant this request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$350.00 fee Z.B.A. Hearing

The undersigned attest(s) and affirm (s) that the information contained in this application is true and accurate to the best of his or her knowledge. This form must be signed and dated by all applicants.

\_\_\_\_\_  
Date \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_

I also give permission to the Zoning Board of Appeals Board Members review the property before the public hearing date.

\_\_\_\_\_  
Date \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_