

**APPLICATION FOR
ZONING BOARD OF APPEALS**

Attica Township
P.O. Box 86 / 4350 Peppermill Road
Attica, MI 48412
Phone: (810) 724-8128

PROJECT NAME: _____

APPLICANT'S NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____ PHONE: _____

COMMON DESCRIPTION OF PROPERTY AND ADDRESS, IF ISSUED: _____

COMPLETE LEGAL DESCRIPTION:

- Attached
- Included in site plan

TYPE OF REQUEST:

- A variance from the Zoning Ordinance (*Complete Supplemental Information Sheet*)
- An interpretation of the text or Map of the Zoning Ordinance
- Administrative Review of an Official Order or Decision
- Temporary Use
- Other: _____

PROPOSED USE or ACTIVITY: _____

THE APPLICANT REQUESTS THAT THE FOLLOWING BE GRANTED: _____

THE REASON FOR THE REQUEST IS: _____

ARE YOU THE SOLE LEGAL OWNER OF THE 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 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

Date Received _____
Public Notices Sent (Date) _____
ZBA Hearing (Date) _____

Office Use Only
By _____
 Approval Approve with Conditions Denial

Case #ZBA _____