



Charter Township of Marquette

161 County Road 492, Marquette, Michigan 49855

Phone: 906-228-6220 • Fax: 906-228-7337

www.marquettetownship.org

Application for Zoning Board of Appeals

*NOTE: This Application must be completed and submitted to the Marquette Township Offices.

*Be sure to complete ALL sections of this form. Please Print or type.

Parcel Number:

Permit Number:

Date:

Application for: Variance _____ Interpretation _____ Administrative Approval _____ Other _____

Applicant Information

Name:		Address:	
Project or Business Name:			
Phone:	Fax:	Name of Contact Person:	Contact Phone:
E-Mail Address:			
If Applicant is not the Owner, state the Applicant's relationship to the Owner (i.e. purchaser, land contract vendee, owner's designated agent, etc.):			

Property Owner (if different from applicant)

Name:		Address:	
Phone:	Fax:	Name of Contact Person:	Contact Phone:
E-Mail Address:			

Applicant's Agent (if different from applicant)

Name:		Address:	
Phone:	Fax:	Name of Contact Person:	Contact Phone:
E-Mail Address:			

Property Information

Address:	Parcel I.D. Number(s): 52-08- - -
General Location of Property:	Property Size (acreage or square footage):
Legal Description(s) (attach pages as necessary):	

Describe request including the specific section of the ordinance you are appealing and all the reason for appeal. All requests for variances must include the exact amount of the variance requested (attach pages as necessary). You must submit a site plan and/or plot plan showing existing and proposed structures and location(s) of the request. Include all dimensions of structures, property lines, setbacks, parking, etc.

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Describe all proposed uses of the property (attach pages as necessary)

List all structures related to request _____

Acres _____ Zoning _____

Applicant:

I (We) certify that the information I have provided is true to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Owner's Name (print): _____

Signature of Property Owner: _____ Date: _____

Owner's Name (print): _____

Signature of Agent: _____ Date: _____

Owner's Name (print): _____

Optional: I hereby grant permission for a member of the Marquette Township Planning Commission, Township Board, Zoning Administrator, Fire Marshal, and Planner to enter the above described property for the purposes of gathering information related to this application. *Note to applicant: This permission is optional and failure to grant permission will not affect any decision on your application.*

Signature of Applicant: _____ Date: _____

OFFICIAL USE ONLY

Official Receiving Application (please print): _____ Date: _____

Fee(s) Paid: Yes No If Yes, Amount Paid: _____

Application: Approved Not Approved

Reason: Incomplete Application Other Date: _____

ZBA Case # _____ Hearing Date: _____ Date Case Decided: _____ Approved: _____ Denied: _____

Approved with Conditions: _____

Condition(s) of Approval:

Signature of Zoning Administrator: _____ Date: _____