

Village of Fowlerville

213 S. Grand Avenue
Fowlerville, Michigan 48836
Phone (517) 223-3771 Fax (517) 223-7435
www.fowlerville.org



Permit # _____

ZONING BOARD OF APPEALS

To be completed by applicant:

APPLICANT NAME:	_____
APPLICANT ADDRESS:	_____
APPLICANT PHONE #:	_____ EMAIL: _____
PROPERTY OWNER NAME:	_____
PROPERTY ADDRESS:	_____
PROPERTY TAX ID #:	_____ PROPERTY OWNER PHONE #: _____
EXISTING USE:	_____
PROPOSED USE:	_____
LEGAL DESCRIPTION:	_____
STATE NATURE OF APPEAL, INTERPRETATION OR VARIANCE REQUEST:	_____

To be completed by Village Official:

EXISTING ZONING:	_____ VARIANCE REQUIRED: _____
SITE PLAN ATTACHED:	_____
WAIVED BY ZONING ADMIN.	_____

I hereby attest that the information on this form is to the best of my knowledge, true and accurate. I hereby grant permission for members of the Village staff/consultants to enter the subject property for the purpose of gathering information related to this request.

I, the undersigned, acknowledge that additional costs may be incurred in the review of my application as a result of professional services by the Village Planner, Engineer, Attorney or others related to the review of my application. By signing this agreement, I hereby agree to pay any and all additional costs incurred by the Village and/or its consultants as they pertain to the review of my application.

APPLICANT NAME: _____ DATE: _____

APPLICANT NAME: _____ DATE: _____

PROPERTY OWNER SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Date application filed: _____ Date fee paid: _____

FEES = [Commercial/Industrial \$400 + Escrow / Residential \$250 + Escrow]

Date of ZBA Hearing: _____ Approved or Denied

