

CHEBOYGAN COUNTY
PLANNING & ZONING DEPT.
 PO Box 70
 CHEBOYGAN, MI 49721
 (231) 627-8489 (TELEPHONE)
 (231) 627-3646 (FAX)

NOTICE OF APPEAL APPLICATION

\$110.00 APPLICATION FEE

RECEIPT #:	
CASH/CHECK:	
ACTION /DATE:	

PLEASE PRINT

PROPERTY LOCATION

Address	City / Village	Township / Sec. /	Zoning District
Property Tax I.D. (Parcel) Number	Subdivision or Condo. Name / Plat or Lot No.		

APPLICANT

Name	Telephone	Fax	
Address	City & State	Zip Code	E-Mail

OWNER (If different from applicant)

Name	Telephone	Fax	
Address	City & State	Zip Code	

Detailed directions to site, including nearest crossroad:

Please Note: All applicable questions must be answered completely. If additional space is needed, number and attach additional sheets.

I. Property Information

- A. List all known deed restrictions: _____
- B. This property is unplatted, platted, will be platted. If platted, name of plat _____
- C. Present use of the property is: _____
- D. A previous appeal has / has not (circle one) been made with respect to these premises in the last one (1) year. If a previous appeal, rezoning or special use permit application was made, state the date _____, nature of action requested _____, and the decision _____.
- E. Attach a site plan drawn per the attached directions.

II. **Detailed Request and Justification** (Fill in the appropriate following subsection A, B or C completely.)

A. Interpretation of Zoning Ordinance or Map

1. The appellant respectfully requests the Board of Appeals make an interpretation of:

- a. The provisions of Article _____ Section _____ of the Cheboygan County Zoning Ordinance.
- b. The location of district boundaries on the Cheboygan County Zoning Map as applied to the property described in this application.
- c. Other _____

2. Please describe in detail the nature of the problem to be interpreted and the reason for the request.

B. Appeal from Administrative or Commission Decision

The appellant respectfully requests the Board of Appeals to reverse / modify the Zoning Administrator's or Planning Commission's decision on Application No. _____ or meeting date _____. It is alleged that the Administrator or Commission erred in the interpretation of Article(s) _____, Section(s) _____; the order, requirement, decision, or determination regarding the issuance of a permit and that reversal / modification of said decision should be granted because:

Specific decision sought:

C. Other Authorized Review

The Zoning Board of Appeals members will visit the site prior to the public hearing. Please clearly stake the corners of the proposed building or addition and the nearest property line. **Does the property owner give permission for County zoning officials to enter his or her property for inspection purposes?** Yes No

Owner's Signature _____ Date _____

AFFIDAVIT

The undersigned affirms that the information and plans submitted in this application are true and correct to the best of the undersigned's knowledge.

Applicant's Signature _____ Date _____

1. Property Line dimensions and Property shape.
2. Front, Rear, & Side setback dimensions.
3. Location, shape & size of all existing & proposed buildings on property.
4. Location of all drives and parking areas.
5. Rivers, lakes, wetlands, or streams within 500 ft.

6. Parcels under separate ownership therein.
7. Road Right-Of-Way (ROW); access or utility easements.
8. The existing and intended use of the lot and structures.
9. Place North arrow in space provided.
10. Other essential zoning information.

Distance from property line to proposed structure:

Front: _____ Rear: _____ Side: _____ Side: _____

Zoning District:

North:

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