



**City of Boyne City**

319 N. Lake Street  
(231) 582-0343  
Boyne City, Michigan 49712-1188  
[www.boyne-city.com](http://www.boyne-city.com)

**Zoning Board of Appeals**  
*(appeal of Zoning Administrators decision)*

*No Faxed Copies/Originals only*

• **Applicant Name** \_\_\_\_\_ e-mail: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

• **Property Owner Name** \_\_\_\_\_ e-mail: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

• **Project Location**

Street Address \_\_\_\_\_

Describe the Zoning Administrators decision that you are appealing:

Describe in what manner you believe yourself aggrieved or harmed by the Zoning Administrators decision:

Describe what you believe to be the correct zoning ordinance interpretation or what you believe to be the correct facts related to this particular zoning decision:

***Note:** I/we understand and agree, upon execution and submission of this application, that I/we agree to abide by all provisions of the Boyne City Zoning Ordinance as well as all procedures and policies of the Boyne City Zoning Board of Appeals as those provisions, procedures, and policies relate to the handling and disposition of this application; that the above information is true and accurate to the best of my/our knowledge; and that a filing fee is due with this application.*

\_\_\_\_\_  
Printed Name **Applicant**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This is to certify the required \$250 filing fee was received on \_\_\_\_\_ and documented with Receipt Number \_\_\_\_\_. This application is scheduled for public hearing on \_\_\_\_\_. Staff Initials \_\_\_\_\_**