

VILLAGE OF EDMORE

209 S. Sheldon, P.O. 170, Edmore, MI 48829

REQUEST TO THE BOARD OF ZONING APPEALS FOR:

_____ Interpretation of Ordinance
_____ Variance to Zoning Ordinance

Part #1: *To be completed by applicant.*)

Date: _____

Name of Applicant: _____

Mailing Address: _____

Telephone: _____

Property Owner: *(If different than applicant, list name, address, & telephone.)*

Proposed project, project location & legal description:

Zoning District: _____

Present use of property: _____

Use for which a permit is requested: _____

Telephone: (989) 427-5641

Fax: (989) 427-5895

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Nature of Variance or Interpretation requested: _____

I declare that the statements above are true to the best of my information, knowledge and belief.

Signature of Applicant Date

PART #2 (To be completed by Zoning Administrator)

Date application received, including site plan, if requested.

Date application transmitted to Board of Appeals

Date of payment of \$150.00 fee.

Date public hearing advertised and notices mailed to property owners within 300 feet.

Date Public Hearing held

Date of Decision of Board of Appeals

Approved

Denied

Approved with the following conditions, if any: _____

Signature of Zoning Administrator

Date

Telephone: (989) 427-5641

Fax: (989) 427-5895