

Village of Fowlerville

213 South Grand Avenue
Fowlerville, MI 48836
Phone (517) 223-3771 Fax (517) 223-7435
Police (517) 223-8711
website www.fowlerville.org



Permit # _____

ZONING BOARD OF APPEALS

To be completed by applicant:

APPLICANT NAME: _____
APPLICANT ADDRESS: _____
APPLICANT PHONE #: _____
NAME OF PROPERTY OWNER: _____
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: YES _____ NO _____
SITE PLAN ATTACHED: YES _____ NO _____ 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'S SIGNATURE: _____ Date _____

PROPERTY OWNER'S SIGNATURE: _____ Date _____

OFFICE USE ONLY:

Date application filed: _____ Date fee paid: _____

FEES = [Commercial/Industrial \$400 + Escrow / Residential: (\$250.00 + Escrow)]

Date of ZBA Hearing: _____

Approved or Denied (please circle)