

CITY OF SOUTHFIELD

ZONING BOARD OF APPEALS

APPLICATION FOR APPEAL HEARING

Date Filed: _____

Case No: _____

Meeting Date: _____

Appeal for (check one):

- Residential (\$200.00)
- Residential Move-in (\$200.00)
- Sign (\$400.00)
- Commercial, Multiple or
Non-residential (\$400.00)
- Special Meeting (\$500.00)

Variance Special Exception Interpretation

Other: _____

Request is hereby made for permission to

contrary to the requirements of Section _____, Article
_____, Chapter _____ of the Southfield City Code, or the
Building Official's interpretation of the section of the regulations
upon the property known as:

Property Ownership and Legal Description:

Owner(s): _____

Address of Owner:

Telephone: _____

Other Contact Info. _____

Property Address:

The property is located on the _____ side of

between _____ and

Sidwell Parcel #: _____ Zone District:

----- Section: -----

in accordance with plans attached and made part of this appeal.

The proposed

_____is contrary to the aforementioned Ordinance Code or interpretation placed thereon by the Building Official, and requires Zoning Board of Appeals action for the following reasons:

(Please Explain/Describe proposed appeal)

Please provide the following information regarding the property:

The Department of Building and Safety Engineering has issued building permits pertaining to this property.

Yes _____ No _____

Building Permit #(s)

Previous appeals involving this property: Yes _____ No _____

If Yes, state Case No: _____and disposition of the appeal case

Appellant Information:

Name_____

Address_____

City: _____State: _____ Zip: _____

Telephone () _____

Appellant's interest in property

If the appellant is other than the owner, the authorization letter provided in this application form must be completed by the owner and must accompany this application at the time of submission. Failure to provide proper owner authorization will result in the Board's refusal to hear your case.

In connection with this appeal, I have attached hereto twelve (12) copies of the plot plan depicting this appeal and showing all buildings presently on the property, their size, setback and the arrangements for present and proposed parking spaces, buildings and structures. Plans attached should be drawn to scale, show northerly direction and the location of adjacent buildings and adjoining streets.

Signature of Appellant

Print or type signature

Relationship to Owner

Address

City State Zip

(Area Code) Phone

STATE OF MICHIGAN)

OAKLAND COUNTY)

On this _____ day of _____ A.D., _____, before me personally appeared the above named person, who being duly sworn, says that he has read the foregoing application for the Zoning Board of Appeals, by him signed, and knows the contents thereof, and that the same is true of his own knowledge, except as to the matters stated herein to be upon information and belief, and as to those matters he believes it to be true.

My Commission expires : _____

Date:_____

**TO: City of Southfield
Zoning Board of Appeals
26000 Evergreen Road
Southfield, MI 48076**

I, _____ have reviewed the proposed appeal for a waiver of:

regarding my property located at:

in the City of Southfield, Michigan and authorize:

(Representative)

to represent me at the Zoning Board of Appeals Hearing regarding this appeal.

If you have any questions, please feel free to contact me at

(Owner's Phone Number)

Owner's Signature

Address

City, State Zip

On the _____ day of _____, _____

X _____ being duly sworn by me,

did on oath execute the above authorization and acknowledged the same as his/her free act and deed.

Notary Public:
County of Oakland - State of Michigan

My Commission Expires: _____

Date:

**TO: City of Southfield
Zoning Board of Appeals
26000 Evergreen Road
Southfield, MI 48076**

(Title–Circle one)

Owner

Manager

I, _____ President of

have reviewed the proposed signage for

_____ located

at

_____ ,

(Address)

in the City of Southfield, Michigan and authorize

(Representative)

to represent me/us at the Zoning Board of Appeals hearing regarding this appeal.

If you have any questions, please feel free to contact me at

_____.

(Owner’s Phone Number)

Owner’s Signature

Address

City

State

Zip

On this _____ day of _____, _____,

X _____ being duly sworn by me,

did on oath execute the above authorization and acknowledged the same as his/her free act and deed.

Notary Public:
County of Oakland – State of Michigan

My Commission Expires: _____