CITY OF SOUTHFIELD Department of Building & Safety Engineering

Zoning Board of Appeals – Application for Appeal Hearing

Application Fee: \$40			
Appeal for (check one):	Date Filed:		
Single Family Residential - \$400.00			
Residential Move-in - \$400.00	Case No:		
Sign - \$400.00			
Commercial - \$400.00	Hearing Date:		
Special Meeting - \$750.00			
□ Variance □ 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 sect			
Property Ownership and Legal Description:			
Owner(s):			
Address of Owner:			
Address of Owner: Email Address			
Property Address:side ofside of			
Between and			
Between and Zone Dis	strict: Section:		
In accordance with plans attached and made part of this a			
The proposed			
The proposed Is contrary to the aforementioned Ordinance Code or inte	removatorian placed thereon by the Duilding Official and		
•	• •		
requires Zoning Board of Appeals action for the followin (Please explain/describe proposed appeal)			
(Trease explain/describe proposed appeal)	_		
Please provide the following information regarding the	ne property:		
The Department of Building and Safety Engineering has 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 (appellant must be present during the meeting) Name: _____ Address City: ______State: _____Zip: _____Telephone: _____ Email Address(es): 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 seven (7) 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 above named person, who being duly sworn, says that he/she has read the foregoing application for the Zoning Board of Appeals, by he/she signed, and knows the contents thereof, and that the same is true of his/her own knowledge, except as to the matters stated herein to be upon information and belief, and as to those matters he/she believes it to be true.

County

My Commission Expires

Notary Public

Property Authorization

Date:	:				
TO:	City of Sou Zoning Boa 26000 Ever Southfield,	ard of App green Roa	ad		
I,				have reviewed th	e proposed appeal for a waiver of
regar	ding my prop	erty locate	ed at		
in the	e City of Sout	hfield, Mi	chigan and authorize _	(Representative)	
to rep	present me at	the Zoning	g Board of Appeals He	aring regarding this appea	1.
If you	u have any qu	estions, p	ease feel free to contac	ct me at(Owner's	Phone Number)
	Owner's Si	gnature		_	
Address		Email Address			
	City	State	Zip	_	
			On the	day of	, 20
			being duly sworn by me, did on oath execute the above authorization and acknowledged the same as his/her free act and deed.		
			Notary Publi	c County	My Commission Expires

Property Owner Authorization for Sign Variance

Date:					
ТО:	City of Sou Zoning Box 26000 Ever Southfield,	ard of App green Roa	ad		
			(Ti	tle-Circle one)	
Ι,				Owner Manager President of	
have	reviewed the	proposed	signage for		located
at		(Addr	ess)	, in the	e City of Southfield,
Michi	ioan and auth	orize			to
IVIICII.	igan and aath	011ZC		(Representative)	
repres	sent me/us at	the Zonin	g Board of Appeals	hearing regarding this appeal.	
If you	ı have any qu	estions, pl	lease feel free to cor	(Owner's F	Phone Number)
	Owner's Si	gnature			
	Address			Email Addre	ess
	City	State	Zip		
			On the	day of	, 20
			and deed.	authorization and acknowledg	y sworn by me, did on oath ed the same as his/her free act
			Notary Pu	iblic County	My Commission Expires