

OFFICIAL USE ONLY:	FEE PAID _____
ZBA NO. _____	RECEIVED BY _____
MEETING DATE _____	DATE RECEIVED _____
PARCEL NUMBER(S) _____	

**WILLIAMSTOWN TOWNSHIP
APPLICATION FOR ZONING BOARD OF APPEALS HEARING**

NOTICE TO APPLICANT: Applications for ADMINISTRATIVE REVIEW, VARIANCE OR EXCEPTION/SPECIAL APPROVAL by the Zoning Board of Appeals must be submitted no later than 14 days prior to the Zoning Board of Appeals meeting at which the application will be considered. This application must be accompanied by the data requirements specified in the Zoning Ordinance (and elsewhere on this form), plus the required fees. All meetings are held at the Williamstown Township Hall, 4990 North Zimmer Road, Williamston MI 48895. Phone number: (517)-655-3193

TO BE COMPLETED BY APPLICANT:

I (We), the undersigned, do hereby respectfully request an administrative review, variance or exception/special approval for the parcel(s) described below, and provide the following information to assist the review.

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

TELEPHONE: _____

INTEREST IN PROPERTY (if not owner): _____

PROPERTY OWNERS (if different than applicant):

NAME(S): _____

MAILING ADDRESS: _____

TELEPHONE: _____

LOCATION OF PROPERTY:

STREET ADDRESS: _____

SIDWELL (PROPERTY ID) NO. _____

PROPERTY DESCRIPTION: _____

NOTE: If property is part of a recorded plat, provide lot numbers and subdivision name. If not part of a recorded plat, (i.e., "acreage parcel") provide metes and bounds description. Attach separate sheets if necessary.

ZONING:

PROPERTY SIZE: _____ ACRES _____ SQUARE FEET

