



# Bay City Zoning Board of Appeals

## Planning/Neighborhood Services Department

301 Washington Avenue, Bay City, MI 48708

www.baycitymi.org

989-894-8180

Fee - \$200

Case No. \_\_\_\_\_

Check No. \_\_\_\_\_

Applications, filing fees, and materials specified by Planning/Neighborhood Services Department procedural requirements for applications to the Zoning Board of Appeals must be submitted by or before filing deadlines indicated on the Zoning Board of Appeals meeting schedule that may be viewed at [www.baycitymi.org/departments/planning-and-zoning](http://www.baycitymi.org/departments/planning-and-zoning). Incomplete applications will not be processed.

### Address of Property

Street Address \_\_\_\_\_

### Applicant

Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

### Property Owner (Required if applicant does not own the property subject to this application)

Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

### The person filing this application is requesting a (check appropriate box):

Dimensional Variance -  Use Variance -  Appeal of Administrative Order -  Interpretation of Regulation(s) -

I/we shall comply with all provisions of chapter 122 (zoning) of the City of Bay City Code of Ordinances pertaining to the processing and disposition of this application. All information submitted with this application is true and accurate to the best of my/our knowledge and belief.

Applicant Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Owner Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and signature of property owner is required if the applicant does not own the property subject to this application.

### Staff Use Only

Application accepted by:

Staff signature \_\_\_\_\_ Date \_\_\_\_\_