



Application Form Zoning Board of Appeals

Office Use
Application No. _____ Date Received _____ Review Fee _____ Receipt No. _____

1. Type of Review

- Variance
- Interpretation
- Administrative Appeal
- Minor Temporary Use
- Major Temporary Use

2. Applicant

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone Number: _____ Email Address: _____

3. Property Information

Address: _____

General Location _____

Legal Description Attached On Site/Sketch Plan

Property Identification No. _____

Property Size (acres) _____ Existing Zoning _____

Current Use _____

4. Request Detail

- Variance from Ordinance Section _____
- Interpretation of Ordinance Section _____
- Appeal of Action by _____ Date of Action _____
- Proposed Temporary Use _____
- Temporary Use Time Period _____

5. Signature

This application form must be signed by both the applicant and legal owner of the property.
The undersigned deposes that the foregoing statements and answers and accompanied information are true and correct.

Printed Name of Applicant

Printed Name of Legal owner

Signature of Applicant

Signature of Legal Owner



Applicant Information Form

Charter Township of Shelby

Planning and Zoning Department
52700 Van Dyke Ave, Shelby Twp, MI 48316
(586) 726-7243
planning@shelbytp.org
shelbytp.org

Office Use			
Application No.	_____	Date Received	_____
		Copy of Driver's License Attached?	
		Yes	No

Section I – Type of Application (The appropriate Application Form must accompany this form.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Zoning Board of Appeals,
Interpretation, Major Temporary Use | <input type="checkbox"/> Sign Permit |
| <input type="checkbox"/> Special Land Use | <input type="checkbox"/> Minor Temporary Use | <input type="checkbox"/> Condominium Subdivision |
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Tree Permit | <input type="checkbox"/> Planned Unit Development |
| <input type="checkbox"/> Class A Nonconforming Use | | <input type="checkbox"/> Subdivision |

Section II – Applicant Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Date of Birth _____

Driver's License Number _____

(A copy of both sides of the applicant's driver's license must be attached.)

Section III – Signature

The undersigned deposes that the foregoing statements and answers and accompanied information are true and correct.

Applicant Name _____

Applicant Signature _____

Date _____