



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		Date Received _____		Copy of Driver's License Attached?	
Application No. _____				<input type="checkbox"/> Yes	<input type="checkbox"/> 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 _____