



Zoning Administrator
 City of Dearborn
 Economic and Community Development
 16901 Michigan Avenue, Suite 15
 Dearborn, Michigan 48126

For Office Use Only	
Date Submitted:	_____
Fee Included: \$	_____
Check Number:	_____
Staff Initials:	_____
ZBA Appeal #:	_____

Zoning Board of Appeals Application

I. PROPERTY INFORMATION:

Property Address: _____

**Business Name or
Property Known As:** _____

Parcel ID Number(s): _____

Zoning District(s): _____ **Lot Size:** _____

II. DESCRIPTION OF CURRENT PROJECT/ACTIVITY:

III. OTHER INFORMATION:

Permits have been __requested __granted __denied in relation to this appeal

Certificate of Occupancy (C of O) Status:

Full Certificate of Occupancy

Temporary Certificate of Occupancy

Applied for Certificate of Occupancy on: _____

No Certificate of Occupancy

Prior appeals involving this property:

Zoning Board Appeals (indicate appeal numbers or dates):

Plan Commission (indicate case numbers or dates):

IV. VARIANCES REQUESTED:

Code Citation:	Nature of Code Section:	Unnecessary Hardship or Practical Difficulty:
Code Requirement:		
Proposed Plans Provide:		

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Additional pages attached.

V. INFORMATION SUBMITTED WITH THIS APPLICATION:

- Submit one **[1]** copy of a current property survey, to scale.
- Submit one **[1]** paper copy of the site plan and any supplemental architectural/engineering plans/elevations, to scale
- Submit one **[1]** digital copy or 11" x 17" copy of plans.
- In addition, submit one **[1 copy]** of any supplemental information that is printed on 8½" X 11" paper.
- Submit **[application fee]**, per **Application Fee Table** below.

Payment must be in the **form of a check** and made to the **City of Dearborn**.

Application Fee Table

Residential property variance appeal: 525.00 - includes one additional hearing if tabled - other additional hearings are at full fee	Code interpretation review: 1,000.00
Commercial property variance appeal: 1,250.00 - includes on additional hearing if tabled - other additional hearings are at full fee	Special meeting 750.00 - fee is in addition to standard fee that would app

VI. APPLICANT INFORMATION:

Name/Contact: _____

Business Name: _____

Mailing Address: _____ **Telephone:** _____

City, State, Zip: _____ **Cell/Fax/Other:** _____

Email Address: _____

Relationship: Property Owner Property Owner's: _____
 Project Owner Project Owner's: _____

I affirm that the information provided in this application and the accompanying drawings and attachments, which are a part of this application, is accurate.

Signature: _____ **Date:** _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public,
County, _____ State

My commission expires: _____

Notary Stamp or Seal

VII. CURRENT PROPERTY OWNER INFORMATION:

Current property owner must--

- sign the form,
- have the form notarized, and
- provide proof of ownership {tax bill or deed}

Name/Contact: _____

Business Name: _____

Mailing Address: _____ Telephone: _____

City, State, Zip: _____ Cell/Fax/Other: _____

Email Address: _____

- I hereby certify that I am the OWNER (or its duly authorized representative) of the property herein described. And,
- I have given the above named PROJECT OWNER AND APPLICANT permission to apply for the requested variance(s). Or,
- I have given the above named APPLICANT the permission to represent me in this application for variance(s). Furthermore,
- The Zoning Board of Appeals and its authorized representatives are hereby granted permission to enter onto my property for the purpose of considering this appeal.

Signature: _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public, _____

County, _____ State

My commission expires: _____

Notary Stamp or Seal