

**CHIKAMING TOWNSHIP ZONING BOARD OF APPEALS**  
**APPLICATION FOR HEARING**  
*Please Print Clearly*

ZBA CASE# \_\_\_\_\_

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Property Code No.: \_\_\_\_\_

Property Street Address: \_\_\_\_\_

Interest in Property \_\_\_\_\_

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**( If different from Applicant )**

Owner \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Return with a non-refundable fee of Five Hundred (\$500.00) Dollars. Provide seven (7) copies of each page.

The purpose of this application is:

\_\_\_\_ An appeal of an administrative decision or interpretation regarding the Zoning Ordinance

\_\_\_\_ A request for an interpretation of the Zoning Ordinance

I hereby state that all information contained in this application and supporting documents is true to the best of my knowledge and I further authorize representatives of Chikaming Township (if necessary) to enter the subject property for purposes of reviewing the subject of this request.

\_\_\_\_\_  
Signature of Applicant

1. Tell us about why you are meeting with the Zoning Board of Appeals

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2. State what resolution you desire from the Board of Appeals

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Additional pages may be used if necessary

*TO BE COMPLETED BY ZONING ADMINISTRATOR -*

Site plan submitted according to Article 21\_\_\_\_

Fee Paid: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

Date: \_\_\_\_\_ Date of Hearing \_\_\_\_\_