

## **Application for Appeal**

<b>Contact Information</b>					
Applicant			Owner (leave blank if applicant is owner)		
Name:			Name:		
Current address:			Current address:		
City:	State:	ZIP Code:	City:	State:	ZIP Code:
Phone:			Phone:		
e-mail:			If this application has been prepared by someone other than the applicant or owner, please provide name and contact information:		
I am the (check one): ☐Owner ☐Tenant ☐Agent					
□Contractor/Architect □Devel					
Appeal Statement					
Regarding Parcel No:		Parcel Address:			
Village Zoning Ordinance for:  Decision of Zoning Administrator (Must be made within 30 days of Action of Zoning Administrator) Request for an interpretation of the Ordinance Request a variance from the strict application of the Ordinance due to practical difficulties or undue hardship.  Statement of Appeal:					
Application and Sign					
I (we) certify that the above statements are true and correct as I (we) are informed.					
Applicant signature:			Date:		
Owner's signature:			Date:		
_	-		able to the Village of Elberta, 771 or zoning@villageofelber		lberta, MI, 49628
For Village Use					
Application received by (name & ti			Date:		
Fee Received: \$	□Cash	□Check			
Public Hearing Notice Published (15 days prior to hearing) Date: Publication:					
Public Hearing Scheduled for:	Village Council	Zoning Board of Appeals	Date:		
Action Taken					
☐ Approved ☐ Disappo	roved	This action take	en by the Elberta   Village Co	ouncil 🗌 Zo	oning Board of Appeals
Conditions:					
Attested by Village Clerk Zoning Board of Appeals Secretary Signature:					Date: