



CITY OF HART
 407 State St. Hart, MI 49420
 (T) 231-873-2488 (F) 231-873-0100
www.cityofhart.org

ZONING BOARD OF APPEALS APPLICATION

APPLICANT INFORMATION

Name of Applicant: _____

Address: _____

Telephone: _____ E-mail: _____

Are you the owner of record for the property of the proposed project? ____ YES ____ NO

If you are NOT the owner of record for the property of the proposed project, please complete the below section PROPERTY OWNER INFORMATION.

PROPERTY OWNER INFORMATION

Name of Applicant: _____

Address: _____

Telephone: _____ E-mail: _____

LOCATION OF PROPERTY FOR WHICH THIS APPEAL IS REQUESTED

Property Address: _____

Parcel ID Number: _____ Lot Size: _____

Present Zoning Classification: _____

APPEAL (Check one) Administrative Review Variance Temporary Use

State the Article(s) and Section(s) of the Zoning Ordinance being appealed:

State the reason for the appeal. (What are you attempting to do and why?)

SKETCH: A minimum of 12 copies of a clear sketch must accompany this application (where required). This sketch must be a minimum of 8 1/2" X 11" and show the property dimensions, all buildings existing or proposed on the site, the size of all structures within 50 feet of the property, the location and size of other important property characteristics such as easements, septic fields, etc.

 PRINT Name of Applicant

 SIGNATURE of Applicant

 Date

FOR OFFICE USE ONLY

Date Received: _____ Checked By: _____ Fee Collected: _____