

**ST. CLAIR TOWNSHIP
APPLICATION FOR APPEAL TO THE BOARD OF ZONING APPEALS**

All applicable sections of this application must be completed.

**Non-Refundable
Fee: \$400.00**

Applicant Name:	Owner:
Address:	Address:
Phone Home: Work:	Phone Home: Work:

LOCATION OF PROPERTY

___ North ___ South ___ East ___ West Side of _____ (Street)	Tax ID: _____
Between _____ (St) and _____ (St)	Address: _____
	Zoning: _____

Type of Appeal: Administrative 9 Interpretation 9 Variance

Section(s) of the zoning ordinance being appealed _____

Reason for Appeal (Attachment Provided or indicate here)

Reason for Hardship or Practical Difficulty _____

A minimum of six (6) copies of a clear sketch must accompany this application (where required). The sketch must be a minimum of 8-1/2 by 11 inches. It must show the property dimensions, all buildings presently existing or proposed on the site, the size of all yard areas, all structures within 50 feet of the property and the location and size of any other important property characteristics such as easements, septic fields, flood plains, etc. **This application with all information and fee must be received at the Township office 22 days prior to the scheduled meeting or the variance request will be postponed until the next meeting.**

I certify the above information is true to the best of my knowledge.

I also understand that certain Township officials and staff may need to view the above property to make a proper decision. I therefore grant them permission onto the property during daylight hours for the sole purpose of gathering information regarding the above request. I understand that issues regarding the case should not be discussed with them prior to the public Hearing.

Applicant's/Owner Signature

Date

Print or Type Name

Received By