

PETITION FOR APPEAL

APPLICANT INFORMATION

Name:		
Address:		
Phone Number:	Fax:	
Email:		
Interest in Property:		

PROPERTY TO BE CONSIDERED FOR APPEAL

Address:

Property Tax Code Number

11-01-____

PROJECT INFORMATION (ATTACH ADDITIONAL PAGES AS NECESSARY)

Please state the reason for requesting an appeal to the ordinance. Include the nature of, and the effect of, the proposed appeal (Separate cover letter is also acceptable):

PROPERTY INTEREST

List any names, including addresses, of <u>all</u> persons having legal or equitable interest in the property that request is being made for:

Village of Baroda, 9091 First Street, P.O. Box 54, Baroda, Michigan 49101 PHONE: 269-422-1779 FAX: 269-422-2990 www.barodavillage.org This institution is an equal opportunity provider and employer

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REQUIRED ITEMS

Prior to **30 days** before requested meeting of the Zoning Board of Appeals, the applicant is required to file **10 copies** of plans containing the following items with the Clerk's office:

- □ A fully dimensioned map of the property:
 - Scale of not less than 1 inch to 100 ft.
 - Shows all existing features and structures
 - The zoning classification of all abutting property within 300 ft.
 - All public and private rights-of-way and easements bounding, intersecting, and/or crossing the property

APPLICANT SIGNATURE

I request that the Baroda Village Zoning Board of Appeals and Baroda Village Council consider this request in keeping with all applicable ordinances in effect at date of this application.

I agree to pay all costs incurred with the review process (mailing, publication, special meeting fees, etc.).

I certify ownership of the above-described property, and that all information provided with this request is true and complete to the best of my knowledge.

Name

Signature

Date