CITY OF BOYNE CITY
319 N. Lake Street
Boyne City, MI 49712
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Zoning Board of Appeals Application

Case #

Applicant Information

Applicant Name: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ **E-mail:** _____

Property Information

Property Address: _____

Parcel ID: _____ **Zoning District:** _____

Variance or Appeal Requested

☐ **Dimensional (Non-Use) Variance** Please see Sec. 27.45- Standards for non-use variances.

☐ **Use Variance** Please see Sec. 27.50- Standards for Use Variances

Requested variance: _____

_____

☐ **Interpretation / Administrative Appeal** Please see Sec. 27.40- Interpretation of zoning ordinance

Decision Being Appealed: _____

_____

Ordinance section(s): _____

_____

Please Attach:

- ☐ **Site Plan**
- ☐ **Survey**
- ☐ **Photos**
- ☐ **Supporting documents**
- ☐ **Narrative**

Certification

This application shall be reviewed under Article 27 of the Boyne City Zoning Ordinance, including Section 27.10.

Applicant Signature: _____ Date: _____

CITY STAFF ONLY

This is to certify the required filing fee was received on _____ and documented with receipt number _____. This application is scheduled for public hearing on _____.

Staff Initials _____

Determination: