INFORMATION REQUIRED:

☐ **THIS APPLICATION COMPLETELY FILLED OUT.**

☐ **The appropriate Fee and or receipt for the requested Appeal.**

☐ **A Site Plan, Floor Plan and Elevation Plan reduced to 11x17.**

☐ **All information from the Buildings, Safety Engineering & Environmental Department related to this Appeal.**

☐ **A Legal Description of the Property and documentation of your legal claim to the property.**

With advance notice of seven calendar days, the City of Detroit will provide interpreter services at public meetings, including language translation and reasonable ADA accommodations. Please contact the Civil Rights, Inclusion and Opportunity Department at (313) 224-4950, through the TTY number 711, or email at crio@detroitmi.gov to schedule these services.

APPLICATION FOR APPEAL

CITY OF DETROIT
BOARD OF ZONING APPEALS

Coleman A. Young Municipal Center
2 Woodward Avenue Suite 212 - Detroit, Michigan 48226
(313) 224-3595 - (313) 224-4597 FAX
Email: boardofzoning@detroitmi.gov

(PLEASE PRINT / THIS SECTION MUST BE COMPLETED FILLY)

Today's Date: _____, 20 _____

_____
(Applicant for the Appeal) **(Mailing Address)** **(Zip)**

_____
(Telephone Number) **(Email Address for the Applicant)**

_____
(Representative / Attorney of the Applicant) **(Mailing Address)** **(Zip)**

_____
(Telephone Number) **(Email Address for the Applicant)**

_____
(Owner of Premises) **(Mailing Address)** **(Zip)**

_____
(Telephone Number) **(Email Address for the Applicant)**

The property in question is located at _____
(Street and number)

between _____ **and** _____.

ZONING INFORMATION: (If this is a Community Appeal do NOT complete 1-7; go to 8 and fill in *Community Appeal*.)

1. **PROPOSED USE:** _____
2. **NAME OF BUSINESS:** _____
3. **CURRENT LEGAL USE:** _____
4. **PREVIOUS GRANTS (BSEED, BZA, P&DD, CPC):** _____ -
5. **ZONING DISTRICT(S):** _____

(OVER)

6. **Please provide a brief description of your daily operations.** **(Attach any supporting documentation)**

_____

_____

7. **I/we hereby make application for an Appeal Hearing seeking to** _____
(Reverse or Modify)

the _____ **of the Buildings, Safety Engineering & Environmental Department**
(Order or Decision)

Administrative Official dated: _____, which reads as follows: (Attach BSEED or Official letter if available

_____

_____

8. **State the reason(s) for and the Section of the Ordinance** for which this application for appeal is based.
(If this a Community Appeal, Please Contact BZA)

_____

_____

_____ _____
(Signature of Applicant for Appeal) (Date)

_____ _____
(Signature of BSE&ED Staff) (Date)

_____ _____
(Signature of BZA Staff) (Date)

Any decision of the Board favorable to the applicant will remain valid only as long as the information or data relating thereto are found to be correct and the conditions upon which the resolution was based are maintained.

Chapter 61 of the 1984 Detroit City Code - Sec. 61-4-73. Transmittal.
Appeals of administrative decisions shall be filed with the Buildings and Safety Engineering Department, upon the form provided, and within the time specified by the Board of Zoning Appeals. Upon receiving notice of the filing of such an appeal, the enforcing official shall transmit to the Board all papers which constitute the record upon which the action appealed from was taken.

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