



VILLAGE OF MANCHESTER

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MANCHESTER, MI 48158
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APPEAL TO ZONING BOARD OF APPEALS

Application Date: _____

APPLICANT IDENTIFICATION:

Lessee Name: _____ Telephone: _____

Address: _____

Owner Name: _____ Telephone: _____

Address: _____

Representative Name: _____ Type: _____ (describe type)

Contractor: _____ Telephone: _____

Address: _____ License #: _____

Architect or Engineer: _____ Telephone: _____

Address: _____

PROPERTY IDENTIFICATION:

Address: _____ Parcel ID#: _____

Location: between _____ and _____

Present Zoning: _____ Subdivision Name: _____

Lot No.: _____ Block No.: _____

NATURE OF APPEAL

Describe the decision, action or situation that you wish to appeal:

Continued >>>>

Why do you feel that this appeal should be granted?

How would you be affected if the appeal were not granted?

If the appeal were granted, how would it affect the public welfare and property rights of the Village of Manchester?

Other comments:

DRAWING(S) REQUIRED:

If the appeal is to a sign, structure or parcel of land, attach a scaled drawing showing all elements. If the drawing is of a parcel of land, show all structures on the property, location of driveways and parking lots and any easements known to you. Also indicate structures, driveways, or parking lots proposed to be built if the appeal if granted.

APPLICANT'S STATEMENT:

I hereby state that the information I have provided in this application is true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

For Office Use Only:

Action, ruling or order appealed from: _____

Action, ruling or order made by: _____

Title: _____

Fee Paid: _____ Date Paid: _____ Received by: _____

Notice of Hearing of Appeal mailed on: _____ (date) to all residents and property owners of record within 300 feet of the premises in question.

Notice of Hearing of Appeal published on: _____ (date)

in: _____ (media).

Hearing of Appeal took place on _____ (date) at _____ (location).

Action of Zoning Board of Appeals:
