

**LOWELL CHARTER TOWNSHIP**

**Zoning Board of Appeals Application**

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_

**Owner, if other than applicant:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Parcel Number/ Legal Description: \_\_\_\_\_ Size of Parcel: \_\_\_\_\_

Current Zoning and Use of Property: \_\_\_\_\_

Relevant Zoning Ordinance Section(s): \_\_\_\_\_

Describe Request: \_\_\_\_\_

\_\_\_\_\_

**PLEASE ATTACH A SKETCH TO ILLUSTRATE THE REQUEST AND COMPLETE THE CRITERIA FOR GRANTING A VARIANCE IF APPLICABLE.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\* Office Use Only\*\*\*\*\***

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

Application Fee Paid: \_\_\_\_\_ Escrow Fee Paid: \_\_\_\_\_

Approval Information: \_\_\_\_\_

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[www.lowelltwp.org](http://www.lowelltwp.org)