



ZONING BOARD OF APPEALS REQUEST

City of Frankenmuth

240 W. Genesee Street

Frankenmuth, MI 48734-1398

Phone: (989) 652-9901 • Facsimile: (989) 652-3451

Please complete this form if you are applying for a variance. Application instructions and other general information are attached. Feel free to attach additional pages and/or other information. Please check once you have read and understand the following:

Instructions for ZBA Requests. General ZBA Information. ZBA Determinations

Date of Application _____ Application No. _____

Property Location _____ Tax ID # 03-6-1 1- ____ - _____

Applicant's Name _____ Zoning District _____

Address _____ City, State, Zip _____

Telephone Number _____ Email Address _____

Property Owner's Name _____

Address _____ City, State, Zip _____

I (We), the undersigned, are applying based on Section(s) _____ of Title V, Chapter 51 of the Zoning Code.

Describe the nature of your request to the Zoning Board of Appeals: _____

Explain why you feel that a hardship, practical difficulty or exceptional circumstance exists that affects only your property and no other properties in the same Zoning District:

If granted, will this request create any adverse impact on the neighboring properties:

Has there been a previous request or appeal involving the existing structure or property:

Yes. No.

Date of Prior Request: _____ Nature of that Request/Appeal: _____

Applicant's Signature _____ Date _____

-Office Use Only-

ZBA Action: Date of First Appearance: _____ Date of Public Hearing: _____

Findings: Approved Denied Other _____

Payment: No Charge Invoice Cash Check No. _____ Date Rec'd: _____