



**CITY OF KENTWOOD
ZONING BOARD OF APPEALS
APPEALS OF ADMINISTRATIVE RULINGS APPLICATION**

APPEAL # _____

HEARING DATE _____

APPLICANT: _____

PHONE # _____

ADDRESS: _____

PROPERTY OWNER: _____

PHONE # _____

ADDRESS: _____

LOCATION OF APPEAL (If applicable) _____

ZONING DISTRICT OF PROPERTY: _____

ZONING ORDINANCE SECTION (S) APPEALED: _____

NATURE OF APPEAL: The Zoning Ordinance (requires/allows/does not permit)

JUSTIFICATION OF APPEAL: Briefly describe how you are affected or aggrieved by the administrative ruling.

I hereby certify that all of the above statements and any attachments are correct and true to the best of my knowledge.

Authorization for city staff and board members to enter the property for evaluation (if applicable).

Yes _____

No _____

NAME OF APPLICANT: _____

(Please print)

SIGNATURE OF APPLICANT: _____ DATE: _____

NAME OF PROPERTY OWNER: _____

(Please print)

SIGNATURE OF PROPERTY OWNER: _____ DATE: _____

Return to Planning Department
PHONE: 554-0707, FAX NO. 656-5292