ZONING BOARD OF APPEALS

City Of Evart, Osceola County, Michigan 200 South Main Street, Evart Mi 49631

Phone: 231.734.2181 / **Website:** www.evart.org Planning & Zoning **Email:** zackary.szakacs@evart.org



APPLICA	ANTS INFORMA	TION
Name:		Phone:
Mailing Address:		
City:	State:	Zip:
Email Address:		
PURP	OSE OF HEARI	NG
☐ Appeal from a Determination by the Z☐ ☐ Apply for a Variance Permit as Author ☐ Request Extension or Resumption of a ☐ Request an interpretation of the Zonia	rized by Section(s) of a Nonconforming Use	the City of Evart Zoning Ordinance
PROPE	RTY INFORMAT	ION
Parcel #:	Property Address	:
Name of Property Owner(s):		
Property Owner's Current Mailing Address: _		
City: State:	Zip Code:	Phone #:
Description of Proposed Improvements:		
Please Attach the Following Documents: ☐ Site Plan/Plot Plan – drawn to scale, sl lots, and accurate dimensions. ☐ Elevation Drawings – showing the hei ☐ Additional Drawings/Information as Li	ght of the structure(s)
☐ Fees: include initial fee as required in	tne Fee Schedule For	·m

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interested party) involved in this petition are in all respects true and, to the best of undersigned grants all officials, staff and as required and appropriate to assess site	he/she is the (owner, agent, lessee, or other and that the foregoing answers, statements and information of his/her knowledge, correct. By making this application, the disconsultants of the City of Evart access to the subject property e conditions in support of a determination as to the suitability of uture Sign Permit and Zoning Ordinance compliance.	
Signature:	Date:	
Application Number: Date Received:	DW FOR CITY USE ONLY Date of Advertising: Date of Hearing: Action Taken:	

Notes: