



Application No: _____
 Date Filed: _____
 Hearing Date: _____
 Review Fee: _____

**CHARTER TOWNSHIP OF FENTON
 APPEAL REQUEST APPLICATION**

Applicant Information

Name:		Date:
Address:		Phone:
City:	State:	ZIP:

Property Owner (if different from applicant-if more than 1, list on separate sheet)

Name:		Date:
Address:		Phone:
City:	State:	ZIP:

Appeal Regarding Decision Made By

<input type="checkbox"/> Zoning Administrator	<input type="checkbox"/> Planning Commission
<input type="checkbox"/> Other	Brief description of appeal being requested: _____

Attach a copy of notice of decision or meeting minutes documenting decision being appealed

I hereby affirm that the above information is correct to the best of my knowledge and grant permission for Township Officials and/or Township Staff to conduct on-site inspection.

Signature of Applicant _____

Date _____

Print Name _____

3/31/2002

----- FENTON TOWNSHIP OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE -----

_____ Date notice of Zoning Board of Appeals meeting published

_____ Date notice of ZBA meeting mailed to property owners within 300' (if applicable)

ZBA Decision

Appeal Granted

Appeal Denied

_____ Date of Hearing

_____ Time of Hearing

Remarks: _____

Regular Zoning Board of Appeals Hearings
are held at 7:00 p.m. the 4th Tuesday of every month
in the meeting room of the
Fenton Township Civic Community Center
12060 Mantawauka
Fenton, MI 48430
810 629-1537

The deadline for filing applications is the 4th Monday of the month prior to the regularly scheduled meeting. This is to allow enough time to meet requirements for public notice.

HEARING WILL NOT BE SCHEDULED UNLESS ALL INFORMATION IS
SUBMITTED AND FEE PAID BY THIS DEADLINE

The applicant must submit the following:

1. Complete application (reverse side of this sheet)
2. Letter of intent explaining the appeal request
3. Fee (\$200.00 for regular meeting \$400.00 in addition to regular fee for special meeting)