

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