



**CITY OF ROCKWOOD**  
**32409 FORT STREET**  
**ROCKWOOD, MICHIGAN**  
**PHONE (734) 379-9496**

**ZONING BOARD OF APPEALS APPLICATION**

CITY USE ONLY	APPEAL NO # _____
DATE RECEIVED: _____	FEE: _____

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

1. I/We, the above name applicant(s), appeal to the Zoning Board of Appeals in accordance with Article XXX, Section 5.3002.

2. The property in question is located at:  
 Address: \_\_\_\_\_

Property Tax Identification Number (Sidwell) \_\_\_\_\_

Being legally described as: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

3. A previous appeal (has) (has not) been made with respect to this property.

Previous appeal Case No. was, dated \_\_\_\_\_

Decision on previous appeal: \_\_\_\_\_

\_\_\_\_\_

4. The Appeal is for: (Check Applicable type of appeal).

VARIANCE

To authorize upon an appeal, a variance from the strict application of the provisions of the ordinance where, by reason of exceptional narrowness, shallowness, or shape of a specific piece of property at the time of the enactment of this ordinance, or by reason of exceptional topographic conditions of such extraordinary and exception situations or conditions of such piece of property, the strict application of a regulation enacted under this ordinance would result in peculiar and exceptional practical difficulties, to, or exceptional or undue hardship upon, the owner of such property.

To interpret the locale of district boundaries on the Zoning Map

To hear and decide appeals where it is alleged by the appellant there is error in regard to interpretation of the provisions of this ordinance in any order, requirement, permit, decision, or refusal made by the Administrative Official in carrying out or in enforcing any provisions of this ordinance.

Other. Specify: \_\_\_\_\_

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5. With regard to the above appeal, I/We apply for the following specific decision: (Specify, for example, building height, special exception use, variance in lot area etc.)

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6. I authorize \_\_\_\_\_ to act as my authorized agent in the hearing on my appeal.

Please attach supplementary information to explain your appeal.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date