



City of Burton  
Department of Public Works  
4093 Manor Drive  
Genesee County, Burton, Michigan 48519  
(810) 742-9230

Date Filed: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_  
Receipt #: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Date Mailed: \_\_\_\_\_

**APPLICATION FOR ZONING BOARD OF APPEALS HEARING:**

ZBA Case #: \_\_\_\_\_ Votes Required \_\_\_\_\_

DATE OF ZONING BOARD OF APPEALS HEARING: \_\_\_\_\_ AT \_\_\_\_\_ P.M.

**PLEASE PRINT**

APPLICANTS NAME: \_\_\_\_\_

APPLICANTS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

APPLICANTS PHONE: \_\_\_\_\_

APPLICANTS EMAIL: \_\_\_\_\_

ADDRESS AND PARCEL OR LOT NUMBER: \_\_\_\_\_

NOTE: ZBA meets on the 3<sup>rd</sup> Thursday of each month. All applications and associated drawings must be on file at least six (6) weeks prior to the meeting. Notification of property within 300' must be postmarked at least 15 days prior to the meeting. Including publication in local newspaper.

VARIANCE REQUESTED: \_\_\_\_\_

**I hereby certify that the proposed application is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent. I agree the statements made on the attached application are true, and if found not to be true, any permit that may be issued may be void. Further, I agree to give permission to officials of the City of Burton to enter the property subject to this permit application for the purposes of inspections. Further I understand that this is an application and any fees paid will not be refundable regardless of the decision of the Commission. Mandatory attendance at the above meeting is acknowledged.**

APPLICANTS SIGNATURE: \_\_\_\_\_



**OWNER ACKNOWLEDGMENT:**

I, \_\_\_\_\_ am the owner of property known as: \_\_\_\_\_ located in the City of Burton. I give permission to \_\_\_\_\_ to make an application to the Zoning Board of Appeals on behalf of my property. I understand unless specified by the Zoning Board of Appeals, any action taken by the board is permanently associated with this property in accordance with the State of Michigan Zoning Enabling Act.

If I need to be contacted for any reason please contact me at:

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_