CITY OF ECORSE

ZONING BOARD OF APPEALS APPLICATION

FEE:_____ DATE _____

APPLICANT NAME _____

Check All That Apply: OWNER_____ LESSEE _____ OTHER _____

ADDRESS _____

PHONE (H) _____ (W) _____ (C) _____

PROPERTY OWNER _____

ADDRESS _____

LOCATION OF PROPERTY _____

TAX IDENTIFICATION # _____

EXISTING: ZONING_____

PROPOSED USE OF PROPERTY _____

REASON FOR REQUESTING APPEARANCE BEFORE ZONING BOARD OF APPEALS (attach separate sheet with additional information if needed):

_____

_____

_____

_____

_____

THE UNDERSIGNED BEING DULY SWORN, DEPOSES AND SAYS THAT ALL FACTS IN FOREGOING APPLICATION, ARE TRUE TO THE BEST OF HIS/HER KNOWLEDGE:

_____ _____

APPLICANT'S SIGNATURE DATE

COUNTY OF WAYNE)
)SS:
STATE OF MICHIGAN)
SUBSCRIBED AND SWORN TO AND BEFORE ME ON THIS

_____ DAY OF _____, 20_____

_____: NOTARY PUBLIC

MY COMMISSION EXPIRES: _____