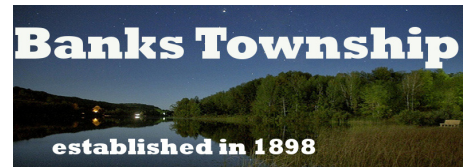


# ZONING BOARD OF APPEALS

Banks Township, Antrim County, Michigan  
6520 Center Street, Ellsworth, Michigan 49729

Phone: 231.588.6126 / Website: www.bankstownship.net  
Zoning Administrator: David Muladore  
(231) 350-1624 or zoning@bankstownship.net



Application Number: \_\_\_\_\_

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## APPLICANT'S INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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## PURPOSE OF HEARING

- Appeal from a Determination by the Zoning Administrator
- Apply for a Variance Permit
- Request Extension or Resumption of a Nonconforming Use
- Request an interpretation of the Zoning Ordinance

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## PROPERTY INFORMATION

Parcel #: \_\_\_\_\_ Property Address: \_\_\_\_\_  
Name of Property Owner(s): \_\_\_\_\_  
Property Owner's Current Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Existing Zoning: \_\_\_\_\_  
Description of Proposed Improvements: \_\_\_\_\_  
\_\_\_\_\_

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### Please Attach the Following Documents:

- Site Plan/Plot Plan – drawn to scale, showing size and shape of buildings, accurate locations on lots, and accurate dimensions.
- Elevation Drawings – showing the height of the structure(s)
- Additional Drawings/Information as Listed Below: \_\_\_\_\_  
\_\_\_\_\_

- Fees: include initial fee as required in the Fee Schedule

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## AFFIDAVIT

**Affidavit:** I (we) the undersigned affirm that the foregoing answers, statements, and information are in all respects true and correct to the best of my (our) knowledge and belief.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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## FOR TOWNSHIP USE ONLY

Date Received: \_\_\_\_\_ Signature: \_\_\_\_\_  
Public Hearing Date: \_\_\_\_\_ Complete Application? \_\_\_\_\_  
Notes: