

ISABELLA COUNTY
ZONING BOARD OF APPEALS
Application for Essential Public Services

APPLICANT INFORMATION:

Name _____ Owner/Agent/Other (Circle One)

Address _____

Phone _____ Fax _____

PROPERTY OWNER INFORMATION: (if different from applicant)

Name _____

Address _____

Phone _____ Fax _____

PROPERTY INFORMATION:

Address/Location _____

Tax I.D. Number _____

Zoning District _____ Township _____ Section _____

Directions to property _____

ATTACHMENTS: Please submit the following items with the application.

A Site Plan showing the following: Dimensions of property, location of roads, easements and driveways. The location and dimension of any existing buildings and/or structures; any unique natural features such as lakes, rivers, streams, wetlands, steep slopes. The location and dimensions of proposed building(s) and/or structures including setbacks to the front, side and rear lot lines.

A copy of the deed and/or accurate legal description of property.

In accordance with Section 3.13 Essential Public Services, the applicant shall provide supporting statements as to:

1. How the proposed development conforms harmoniously with the general architecture and plan of the district.
2. How the advantage of the proposed locations is not outweighed by the detriment to the locality.
3. How a different suitable location is not readily available.

Signature of Applicant

Date

Optional: I hereby grant permission for members of the Isabella County Zoning Board of Appeals and Zoning Administrator to enter the above described property for the purposes of gathering information related to this application.

Signature of Applicant

Date

OFFICE USE ONLY

File # _____

Fee \$175.00

Date Received _____

Received by _____

Check Number _____

Receipt Number _____