



# COE TOWNSHIP ZONING BOARD OF APPEALS

Application for: Variance \_\_\_\_\_ Interpretation \_\_\_\_\_ Appeal \_\_\_\_\_

### 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. Location and dimension of any existing buildings and/or structures; any unique natural features such as lakes, rivers, streams, wetlands, steep slopes. Location and dimensions of proposed building(s) and/or structures.

Copy of deed and accurate legal description of property.

Nature of request: \_\_\_\_\_

\_\_\_\_\_  
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 \$ \_\_\_\_\_

Date Received \_\_\_\_\_

Received by \_\_\_\_\_

Check Number \_\_\_\_\_

Receipt Number \_\_\_\_\_