

City of Perry 203 W. Polly St., Perry, MI 48872

Ph: (517) 625-6155 Fax: (517) 625-6157 www.perry.mi.us

ZONING BOARD OF APPEALS APPLICATION FOR APPEAL

1.	Identification						
	Project Name						
	Applicant Name						
	Address						
	City/State/Zip						
	Phone						
	Email Address						
	Interest in the Property (e.g. owner, purchaser, etc.)						
	Property Owner (if other than applicant)						
	Address	· · · · · · · · · · · · · · · · · · ·					
	City/State/Zip						
	Phone						
	Email Address						
2.	Property Information						
	Property Street Address						
	Permanent Parcel Numb	per					
	Legal Description of Pro	perty					
	Zoning District						
	Area	Width	Depth				
	Current Uses (s)						

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Zoning District of Adjacent Prop					
North S	South	East	West		
Appeal Request. Please complete the items below with reference to Section 16.06. Attach copies of all papers thich are relevant to this matter. Describe the order, requirement, decision, or determination being appealed.					
o. State the grounds for the appeal or the reason you claim the decision is wrong.					
Affidavit I, Signature of Applicant	(applicant), do		the information given herein is true and correct Printed Name of Applicant		
ngriatare or Applicant	Du		Timed Name of Applicant		
Signature of Property Owner (if dif	ferent) Da	te	Printed Name of Property Owner (if different)		
, consultants to go on the property forovided on the submitted applicat	or which the above re	r), hereby give per eferenced site plan	mission for the City of Perry officials, staff, and in proposed for purposes of verifying information		
FOR CITY OF PERRY USE C	NLY: Application No). 			
Applicant Name:					
Received By:					
Date:		Time:			

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