

**BURR OAK TOWNSHIP
ST. JOSEPH COUNTY, MICHIGAN
Application for Zoning Board of Appeals**

Date: _____

Name & Address of applicant(s): _____

Address of Subject Property: _____

Legal description of Subject Property: _____

Tax I.D. number of Subject Property: _____

Description of request (use other side or attach pages as needed):

If variance being requested, include a scaled drawing of the Subject Property with sufficient detail to indicate the nature and necessity of the request. The drawing should include:

- a) All existing buildings and the dimensions of those buildings labeled "existing";
- b) All proposed new buildings and the dimensions of those buildings labeled "proposed"; and
- c) Setbacks from abutting properties.

I grant permission for members of the Burr Oak Township Zoning Board of Appeals to enter the above described property for the purposes of gathering information related to this application.

Signature: _____ Date: _____

Signature: _____ Date: _____

Meetings of the Zoning Board of Appeals are held every other month, as needed.

Fees: The application fee is \$300.00.

**Return application and payment to: Burr Oak Township, P.O. Box 241, Burr Oak, Michigan, 49030
Questions? Call (269) 689-3342**