



**City of Grand Blanc
Zoning Board of Appeals
APPLICATION**

Fee: \$600.00

1. Applicant

Name _____
Address _____
City _____ State ____ Zip _____

Basis of Representation _____
Phone _____
Email _____

Signature _____

Date _____

2. Property Owner

Name _____
Address _____
City _____ State ____ Zip _____

Phone _____
Email _____

Signature _____

Date _____

3. Type of Action Requested

Variance Administrative Review Exceptions Special Approval

4. Description of Request

Include all relevant information and rationale for request. Attach additional pages as necessary.

5. Legal Description of Property

6. Fee Paid YES NO Receipt # _____ Employee Initials _____

7. Escrow _____ (Attach form)

8. Zoning Board of Appeals Action: Approved Denied

Rationale:

Signature _____
Chairman-Zoning Board of Appeals

Date _____