

ZONING BOARD OF APPEALS ADMINISTRATIVE APPEALS APPLICATION

Applicant Information

Name of Applicant: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Legal Interest: Property Owner Lessee/Tenant
 Purchaser by Option, Purchase Agreement, or Land Contract

Owner Information (Same as Applicant)

Owner of Record: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Agent Information

Name of Agent: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Zoning Information

Parcel Address: _____ Parcel ID No: _____ Zoning District: _____

Current Legal Use: _____

Proposed Use: _____

Staff Use Only

Case No: _____

Materials Rec'd: _____

Receipt No: _____

Residential (\$626)

Non-Residential (\$1,002)

Mtg. Date: _____

Action: _____

Cert. Mail No: _____

Property Owner and Authorized Agent Affidavits

See Page 5 for the Property Owner Affidavit, this must be completed when the applicant is not the property owner of record.

See Page 6 for the Authorized Agent Affidavit, this must be completed for any person(s) acting on applicant's behalf.



ZONING BOARD OF APPEALS ADMINISTRATIVE APPEALS APPLICATION

Administrative Appeals Information See attachment

Describe the administrative action being appealed.

List the applicable section(s) of the Zoning Ordinance.

Explain the reason for appealing this decision.



ZONING BOARD OF APPEALS ADMINISTRATIVE APPEALS APPLICATION

Required Information for Submittal

- This application with complete information, neatly written, and signed by all applicable parties.
- Application fee payment. (Check, Cash, Card, Online – Confirm with staff)
- Complete responses to all Administrative Appeals Information prompts.
- Proof of Ownership
 - Deed, Purchase Agreement, Option, Land Contract, etc.
 - Notarized Authorized Agent Authorization Form (if applicable)
- Copies of Submitted Development Plan (if applicable)
 - Must be signed and sealed if the request relates to a Zoning Coordinator Review, Special Land Use, Additionally Regulated Use, or other review requiring plans from an architect, engineer, or surveyor licensed by the State of Michigan.
 - Might require floor plans or elevations, depending on the request.
 - Twelve (12) hard copies, minimum Arch C (18" x 24"), one (1) digital copy.
- Copies of Submitted Plot Plan (if applicable)
 - Drawn layout of the property including buildings, fencing, walkways, driveways, and/or any other pertinent information. May be completed by the applicant so long as the drawing is neat and legible.
 - Might require floor plans or elevations, depending on the request.

In the course of reviewing the application, the Zoning Coordinator may request additional information from the applicant, where the information is necessary to complete the review.



ZONING BOARD OF APPEALS ADMINISTRATIVE APPEALS APPLICATION

Applicant Confirmation

The applicant must read the following statement carefully and sign below:

The undersigned requests that the City of Flint review this application and related required documents and plans as provided in Article 17 of the City of Flint Zoning Ordinance. The applicant affirms and acknowledges the following:

- That the applicant has a legal interest in the property described in this application.
- That the answers, statements, and documents contained in this application and enclosures are in all respects true and correct to the best of their knowledge.
- That the approval of this application does not relieve the undersigned from compliance with all other provisions of the Zoning Ordinance or other codes or statutes.
- That the applicant will comply with any and all conditions imposed in granting an approval of this request.
- That any decision of the Board favorable to the applicant will remain valid only as long as the information or data relating thereto are found to be correct and the conditions upon which the decision was based are maintained.
- If also the owner, the applicant grants the City of Flint staff and the Zoning Board of Appeals the right to access the subject property for the sole purpose of evaluating the application.

Applicant Name (printed)

Applicant Signature

Date

Owner Confirmation (Not applicable)

If the applicant is not the property owner, the owner must read the following statement carefully and sign below:

The undersigned affirms and acknowledges they are the owner(s) of the property described in this application, and:

- Is/are aware of the contents of this application and related enclosures.
- Authorizes the applicant and their agent, if applicable, to submit this application and represent the undersigned in the matter being reviewed by the City of Flint.
- Grants the City of Flint staff and the Zoning Board of Appeals the right to access the subject property for the sole purpose of evaluating the application.

Property Owner Name(s) (printed)

Property Owner Signature(s)

Date



ZONING BOARD OF APPEALS PROPERTY OWNER AFFIDAVIT

(Not applicable)

State of Michigan }
County of Genesee } ss.

I (we) _____, after being first duly sworn, depose and say:
Property Owner Name(s) (printed)

1. That I/we are the owner(s) of real estate located at _____.
Street Address and Parcel Identification Number (PID)
2. That I/we have read and examined the application, and are familiar with its contents.
3. That I/we have no objection to, and consent to such request as set forth in the application.
4. Such request being made by the applicant (is) (is not) a condition to the sale or lease of the above referenced property.

Property Owner Signature(s)

Subscribed and sworn to me this _____ day of _____, _____.
Day Month Year

Notary Name (printed)

_____, Notary Public
Notary Signature

My commission expires: _____

County of Residence: _____



ZONING BOARD OF APPEALS AUTHORIZED AGENT AFFIDAVIT

(Not applicable)

State of Michigan }
County of Genesee } ss.

I (we) _____, after being first duly sworn, depose and say:
Applicant Name (printed)

1. That all statements herein contained and the information provided in the attached application, plans, and other exhibits are in all respects true and correct to the best of my knowledge.
2. That I hereby authorize the following people to represent my interests regarding this application and to appear on my behalf before any administrative or legislative body in the City considering this application and to act in all respects as our agent in matters pertaining to the attached application.

Authorized Agent Name (printed)

Authorized Agent Name (printed)

Authorized Agent Name (printed)

Authorized Agent Name (printed)

Applicant Signature

Subscribed and sworn to me this _____ day of _____, _____ Year.
Day Month Year

Notary Name (printed)

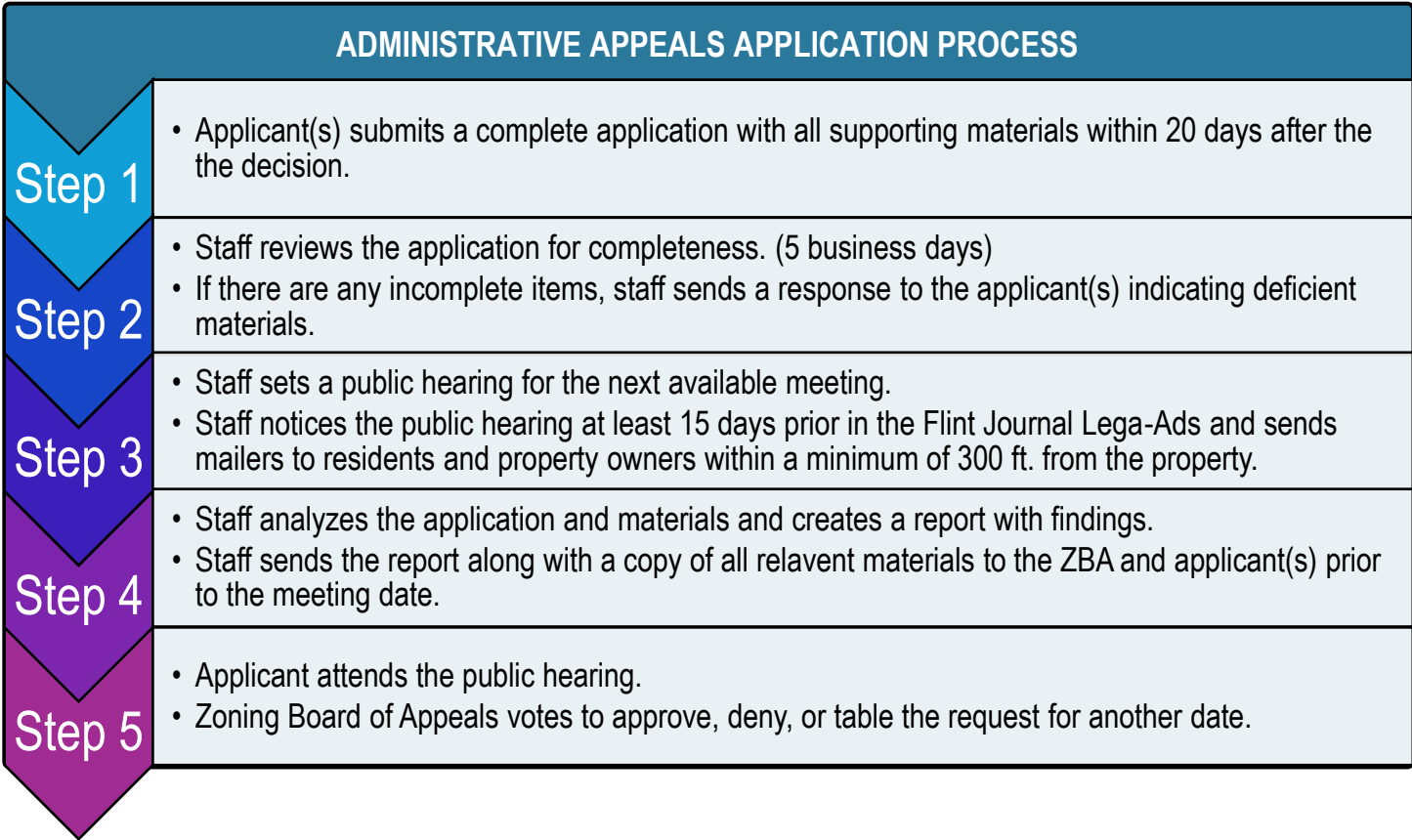
_____, Notary Public
Notary Signature

My commission expires: _____

County of Residence: _____



ZONING BOARD OF APPEALS ADMINISTRATIVE APPEALS APPLICATION PROCESS



Submission

Completed applications may be submitted via email, mail, or drop-off.

Email: cof-zoning@cityofflint.com
Phone: (810) 766-7426

Address: Flint City Hall, Zoning Division
1101 S. Saginaw St.
Flint, MI 48502

Any persons having an interest affected by a decision of the Zoning Board of Appeals shall have the right to appeal to the circuit court on questions of law and fact.

