Gratiot County Zoning Board of Appeals
Department of Community Development
214 E Center St., Ithaca, MI 48847
planning@gratiotmi.com / (989) 875-5201

Office Use Only:
Date Received

Notice of Appeal

Elba, Hamilton, Lafayette, Newark, North Star and Sumner Townships

Any appeal of the ruling/decision of the Gratiot County Zoning Administrator concerning the enforcement of the provisions of the Gratiot County Ordinance shall be submitted by written notice within ten (10) days after the decision is made. Submit this completed form to the Gratiot County Community Development Office. A public hearing will be scheduled at which the request will be heard, reviewed, and decided upon by the Zoning Board of Appeals. All property owners within 300 feet of the property lines of the parcel in question will be notified. **Application Fee (Non-refundable): $350.00**

1. Property Owner Information		
NAME:	MAILING ADDRESS:	
CITY/VILLAGE:	STATE:	ZIP CODE:
EMAIL ADDRESS:	PHONE #:	

2. Parcel Information		
ADDRESS:	CITY/VILLAGE:	
STATE:	ZIP CODE:	PARCEL #:
ZONING DISTRICT:	CURRENT USE:	

TOWNSHIP: ☐ ELBA ☐ HAMILTON ☐ LAFAYETTE ☐ NEWARK ☐ NORTH STAR ☐ SUMNER

3. Zoning Information

☐ **Appeal of Zoning Administrator Ruling and/or Enforcement**

Description of Order, Requirement, Decision, or Determination Made by the Zoning Adminstrator	***Written statement and supporting documents are recommended.
Land Description	***Include copy of most recent tax bill or copy of deed.
Reason for Request	
Site Plan	***Include nine (9) copies of site plan drawn to scale which would be sufficient to describe the nature of the property, project, appeal, etc. One (1) digital copy will also be accepted.
Statement	***Include a written statement regarding compliance with the Zoning Ordinance standards that apply to your project/property/request for appeal.

3. Adjacent Property Owners

Include all names and addresses of property owners with real property within 300' (adjacent) of the proposed parcel affected by the request: _____

4. Applicant Information

NAME:		MAILING ADDRESS:
CITY/VILLAGE:	STATE:	ZIP CODE:
EMAIL ADDRESS:		PHONE #:

☐ I hereby grant permission for members of the Gratiot County Zoning Board of Appeals to enter the above-described property (or as described in the attached) for the purpose of gathering information related to this application.
Note to Applicant: This is optional and will not affect the decision on your application.

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES APPLICABLE TO THIS APPLICATION. APPLICANT HEREBY CERTIFIES THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND AGREES TO CONFORM TO THE GRATIOT COUNTY ZONING ORDINANCE. ALL INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF APPLICANTS KNOWLEDGE.

X_____ _____

Applicant Signature Date

DEPARTMENT USE ONLY

APPLICATION – ☐ APPROVED ☐ DENIED DATE OF PUBLIC HEARING: _____.

_____ _____

Zoning Administrator Signature **Date**