

MILLINGTON TOWNSHIP APPLICATION FOR ZONING BOARD OF APPEALS HEARING

PROPERTY OWNER'S NAME: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

MAILING ADDRESS: _____

PARCEL ID NUMBER (for appeal): _____

ZONING	<input type="checkbox"/> AR: Agricultural-Residential	<input type="checkbox"/> R1: Single Family Residential
DISTRICT:	<input type="checkbox"/> LR: Lake Residential	<input type="checkbox"/> RM: Multiple Family Residential
	<input type="checkbox"/> MHP: Manufactured Housing Park	<input type="checkbox"/> C: Commercial
	<input type="checkbox"/> I: Industrial	

DESCRIPTION OF ANY ATTACHMENTS: _____

REQUEST PURSUANT TO:

- ☐ An interpretation of language, uses or boundary.
- ☐ Request variance in dimensional requirements.
- ☐ Hardship imposed by strict interpretation.
- ☐ Decision by Zoning Administrator.
- ☐ Decision by Planning Commission.
- ☐ Decision by Township Board.

NATURE OF REQUEST: _____

SITE INSPECTION APPROVAL: _____ By initialing, you agree to provide access to the property in question (*when applicable*) within 24 hours of request for the Zoning Administrator and each Zoning Board of Appeals member. Please note that the Zoning Administrator and one Zoning Board of Appeals member may visit the site together. No two Zoning Board of Appeals members can visit the site at the same time per ordinance requirements.

AGENTS AUTHORIZED TO REPRESENT APPLICANT AT THE HEARING OF APPEAL:

APPLICANT'S SIGNATURE: _____

DATE: _____

TOWNSHIP USE ONLY:

Date Filed: _____	Date of Hearing: _____
Fee Paid: _____	Granted: _____
Receipt Number: _____	Denied: _____
ZBA Members: _____	

Note: Review meeting minutes for approval/denial motion including any conditions imposed.