

CATO TOWNSHIP

309 S. Lincoln Ave, Lakeview, MI 48850

APPLICATION DATE: _____

Zoning Appeal Application

I. Personal Information.

Applicant Information

Name: _____
First Middle Last

Address: _____

Telephone Number: _____ Email Address: _____

Interest in Subject Property: _____

Owner Information *(If different from applicant)*

Name: _____
First Middle Last

Address: _____

Telephone Number: _____ Email Address: _____

Interest in Subject Property: _____

II. Property Information.

Property Information

Address of Property: _____

Parcel Number: _____

Legal Description of the Property: *(May be attached to application)*

Zoning Classification: _____

Present Use of Property: _____

III. Zoning Appeal.

Type of Initial Request (zoning permit, etc):

Date of Decision: _____

Describe Reason for Appeal:

IV. Supplemental Requirements.

The Applicant shall provide the Township Zoning Administrator with the following items:

- ☐ **Copies.** Four (4) copies of the application for distribution to the Zoning Board of Appeals.
- ☐ **Application Fee.** Application fee of \$ _____ as determined by the Township Board to cover costs of process the application. Once an application is accepted as complete no part of any fee shall be refundable except on unused portion of an escrow fee.
- ☐ **Additional Requirements.** Any additional supplemental information or documents required for specific request as provided under the Township Zoning Ordinance.

V. Signatures: I certify that all statements made above and in attached documents

submitted to Cato Township related to this application are true and accurate to the best of my knowledge and that if found to be in error, any decision of the Township based upon the contents of this application may be void.

Applicant: _____

Name: _____

Date: _____

Owner: (If applicable) _____

Name: _____

Date: _____