



**CITY OF DETROIT
BOARD OF ZONING APPEALS**

Coleman A. Young Municipal Center
2 Woodward Avenue Suite 212 - Detroit, Michigan 48226
(313) 224-3595 - (313) 224-4597 FAX

**APPLICATION FOR APPEAL
(PLEASE PRINT)**

Today's Date: _____, 20 _____

(Applicant for the Appeal) (Street Address) (Zip) (Telephone where you can be reached)

(Owner of Premises) (Street Address) (Zip) (Telephone)

I/we hereby make application for an Appeal Hearing seeking to _____ the
(Reverse or Modify)
_____ of the *Buildings, Safety Engineering & Environmental Department* or
(Order, decision)

Administrative Official dated: _____, which reads as follows:

The property in question is located at _____
(Street and number)

between _____ and _____.

State the reason(s) for which this application for appeal is based. (A separate attached letter may be used if required or desired).

Information Required:

1. This application completely filled out
2. The appropriate Fee for the requested Appeal
3. A Site Plan reviewed by the Planning & Development Office reduced in scale to 11x17
4. All information from the Buildings, Safety Engineering & Environmental Department related to this Appeal
5. A Legal Description of the Property and documentation of your legal claim to the property

(Signature of Applicant for Appeal)

(Date)

(Signature of BZA Staff)

(Date)

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 resolution was based are maintained.