



**APPLICATION FOR APPEAL  
ZONING BOARD OF APPEALS**

Case #: ZBA \_\_\_\_\_ - \_\_\_\_\_

Date Filed: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

THE INTENT OF THIS APPLICATION IS TO APPEAL A DECISION MADE BY THE TOWNSHIP ZONING ADMINISTRATOR TO THE ZONING BOARD OF APPEALS.

**IMPORTANT FILING INFORMATION**

The Zoning Administrator must receive the complete application, review any exhibits, and receipt the fee before the required meeting deadline in order to schedule a public hearing for the next available ZBA meeting.

**APPLICANT INFORMATION:**

Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant's Standing (Interest) in the Appeal:

\_\_\_\_ Property Owner    \_\_\_\_ Adjacent Property Owner

\_\_\_\_ Other Affected Individual. Explain: \_\_\_\_\_

\_\_\_\_ Other. Explain: \_\_\_\_\_

**ACTION REQUESTED (Check One):**

\_\_\_\_ To interpret a particular section of the Zoning Ordinance, as it is felt the Zoning Administrator is not using the proper interpretation. The Section is: \_\_\_\_\_

\_\_\_\_ To interpret the zoning map, as it is felt the Zoning Administrator is not reading the map correctly. Describe the portion of the zoning map in question (attach details maps if appropriate).

\_\_\_\_ To appeal an action of the Zoning Administrator, which is felt was done in error (i.e., issuance or denial of zoning approval or building permit, zoning enforcement, etc.).

**STATEMENT OF JUSTIFICATION FOR ACTION REQUESTED (attached additional sheets if necessary):**

State specifically the reason for this appeal request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RULING SOUGHT (attach additional sheets if necessary):**

What is the ruling sought by the Zoning Board of Appeals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I hereby certify that the above information is true to the best of my knowledge and belief. Additionally, I grant permission to Zoning Board of Appeals members and any other Township official to enter and inspect the subject property for purposes pertaining to this ZBA application.*

*In making this application, I (we) acknowledge that the Zoning Board of Appeals will review this application at a public meeting, that I (we) or a representative on my (our) behalf will be expected to attend the public meeting to provide information and answer questions, and that the meeting will be open to all interested persons who desire to attend. I (we) also grant permission to any Texas Township official or representative to enter and inspect the subject property for purposes related to this application, if applicable.*

APPLICATION SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



7110 West Q Avenue  
 Kalamazoo, MI 49009  
 P: 269.375.1591  
 www.textastownship.org

**Zoning Board of Appeals Meetings**  
**Meeting: 4<sup>th</sup> Wednesday | 6pm**

Meeting Type	MTG Date	Deadline
ZBA Meeting	<b>Jan 27</b>	Dec 30, 2020
ZBA Meeting	<b>Feb 24</b>	Jan 27
ZBA Meeting	<b>Mar 24</b>	Feb 24
ZBA Meeting	<b>Apr 28</b>	Mar 31
ZBA Meeting	<b>May 26</b>	Apr 28
ZBA Meeting	<b>Jun 23</b>	May 26
ZBA Meeting	<b>Jul 28</b>	Jun 30
ZBA Meeting	<b>Aug 25</b>	Jul 28
ZBA Meeting	<b>Sep 22</b>	Aug 25
ZBA Meeting	<b>Oct 27</b>	Sep 29
ZBA Meeting	<b>Nov 17*</b>	Oct 20
ZBA Meeting	<b>Dec 22</b>	Nov 24

*NOTE: Deadline is 4 weeks prior to meeting.*

*\*Adjusted from normal schedule.*

<b>Zoning Board of Appeals Fee Schedule</b>		
<b>Application Type</b>	<b>Application Fee</b>	<b>Escrow Fee</b>
Variance Request	\$900	N/A
Zoning Ordinance Interpretation Appeal	\$600	\$500
Request Special Meeting	\$900	N/A