CASE NUMBER_____ ZONING BOARD OF APPEALS APPLICATION DATE RECEIVED_____ L'ANSE TOWNSHIP HEARING DATE ACTION Please type or print clearly: I (We), the undersigned, request a haring before the L'Anse Township Zoning Board of Appeals in regard to the following appeal which was denied by the Zoning Administrator on Zoning Case No._____, 20_____for the reason that it was a matter which, in the opinion of the aforementioned, should property come before the Zoning Board of Appeals. TYPE OF APPEAL: Variance Interpretation Change from one non-conforming use to another Section of Ordinance Appealed_____ REMARKS: (Applicant only) Describe request being made and reason. LEGAL DESCRIPTION: (include size of lot) Tax Description Code Number_____ Name of Township_____ Present Zoning District Classification_____

Has any previous applications been submitted to the Zoning Board of Appeals?_____

If yes, describe particulars		
· · · · · · · · · · · · · · · · · · ·		
		of this ordinance, if required.
This area is: Unplatt	ed	
Platted	; if so, Name of Plat	<u></u>
To be P	latted	
Names of Fee Owner	rs of Subject property:	
(Name)	(Address)	(Phone)
(Name)	(Address)	(Phone)
52 - 22m - 25 55	say under the penalties of perjury that a ned in or submitted with this applicatio	all of the statements, specifics, proposals in are true.
	Ар	oplicants Signature
	DO NOT WRITE BELOW	THIS LINE
VALIDATION:		
Case No		
Certificate of Compl	iance Issued	
Zoning Permit Fee_		
Approved by		

. . .