



36725 Division Road, P.O. Box 457, Richmond, MI 48062

Building and Planning Department

586-727-7571 ext. 128 • 586-727-2489 Fax

***Board of Zoning Appeals
Application***

For a complete list of application fees, please refer to the City of Richmond Fee Schedule.

VARIANCE APPEAL INTERPRETATION OTHER

Property Address: _____

Parcel Number: _____

Application Number: _____

**BOARD OF ZONING APPEALS APPLICATION
CITY OF RICHMOND**

INSTRUCTIONS: Print or type requested information. Incomplete applications may delay processing of your request. You will also be required to supply fourteen (14) folded sets of plans (drawings) for the Board of Zoning Appeal's packets.

	APPLICATION INFORMATION
Name	
Address	
Telephone (home)	
Business name	
Business address	
Telephone (business)	
Business FAX number	
Project architect/engineer	
Address of architect/engineer	
Telephone of architect/engineer	

	PROPERTY/PROJECT INFORMATION
Address of subject property	
Parcel identification number	
Property owner (name/address)	
Current zoning	
Current use	
Proposed use	
Construction start date	
Owner of subject property (if different than applicant). If there are multiple owners, list names and address of each and indicate ownership interest. Attach additional sheets if necessary.	
Address of property owner (if different than applicant.)	

	PROPERTY/PROJECT INFORMATION
Real Estate Firm/Broker handling sale of property (if applicable). Provide name and address. Note: <i>If you do not own the subject property, you must provide a copy of a Purchase Agreement or instrument acceptable to the City indicating the owner is fully aware of, and in agreement with, the requested action.</i>	

APPLICANT CERTIFICATION	
By signature(s) attached hereto, I (we) certify that the information provided within this application and accompanying documentation is, to the best of my (our) knowledge, true and accurate. Furthermore, I (we) hereby authorize the City to enter the property associated with this application for purposes of conducting necessary site inspections.	
By: _____ (Signature)	By: _____ (Signature)
Name: _____ (Type/print)	Name: _____ (Type/print)
Date: _____	Date: _____

CITY USE ONLY - PLEASE DO NOT WRITE IN THIS SECTION	
ITEM	ACTION
Date application received:	
Fee paid:	
Does application require a public hearing?	Hearing Date: _____
Staff review date/reviewer name:	
BZA final action:	Approve: _____ Deny: _____
Conditions Attached to Approval:	Yes (See Attached Sheet): _____ No: _____
Other:	

BOARD OF ZONING APPEALS APPLICATION

Project/Request Description Page:

1. Please describe your request in complete detail. Feel free to add additional pages and/or drawings, maps, photographs of the site, and other documentation that might be helpful to the Board of Zoning Appeals as they make a decision on your request.
2. If you are requesting a non-use (dimensional) variance, you must include a basic site plan drawing showing the location of your property lines, existing and proposed buildings, existing and proposed easements, building setbacks, and other items necessary adequately and accurately show the nature of your request.
3. In order to receive a variance, you must meet the standards of Article XIX. **Please refer to the Zoning Ordinance for these standards. Your written response should address these standards. A copy is attached.**

Please describe your request. Add additional pages, drawings, and other information required.