

PROPERTY IDENTIFICATION

Address

Parcel #

YOUR RIGHT TO AN APPEAL. Any person with standing, aggrieved or affected by any decision of the Zoning Administrator, shall be permitted to appeal to the Zoning Board of Appeals by written request with the Zoning Administrator. Upon furnishing the proper information, the Zoning Administrator shall transmit to the Zoning Board of Appeals all papers and pertinent data related to the appeal.

TIME LIMIT. An appeal shall only be considered if filed within fifteen (15) days after the cause arises or the appeal shall not be considered. If such an appeal is not made, the decision of the Zoning Administrator shall be considered final.

REPRESENTATION AT HEARING. The applicant or the applicant's authorized agent must be present at the public hearing to properly answer questions concerning the appeal. If the applicant or agent is not present, the appeal may be deferred until the next meeting or dismissed, at the direction of the Board.

PUBLIC HEARING NOTICE. Notice of the public hearing will be made to property owners within 300 feet of the appealed property, as well as published in the newspaper so that they may appear before the Zoning Board of Appeals to voice any objections, support, or to further inquire.

CIRCUIT COURT REVIEW. A decision of the Zoning Board of Appeals shall be final. However, any party having a substantial interest affected by an order, determination or decision of the Zoning Board of Appeals may appeal to the Circuit Court if such appeal is made to the Court within thirty (30) days after the Zoning Board of Appeals issues its decision in writing, or within twenty-one (21) days after the Zoning Board of Appeals approves its minutes.

Further information regarding the Zoning Board of Appeals is outlined in Chapter 3 of the City Zoning Ordinance. The Ordinance can be found on our website at escanaba.org.

APPEAL DESCRIPTION

Please describe the event which you are appealing, the error which you believe was made, and any other relevant information. Attach any evidence you may need to this application.

You may submit this form in person, by USPS, or by email. Please make checks payable to "City of Escanaba".

Credit cards may be accepted in-person or by phone; an additional processing fee applies.

CONTACT INFORMATION & AGREEMENTFee due upon submittal: **\$400**

I certify that the information contained in this application is true and correct to the best of my knowledge and belief at the time of the application.

I acknowledge that I understand and have complied with all the submittal requirements and procedures, and that this application is complete.

I further understand that an incomplete submittal may cause my application to be deferred.

If any of these entities are a company and not an individual, write: "Company Name (Contact's Name)"

Owner Name	Email
Address, City, State, ZIP	Phone
Signature	Date
Applicant or Representative (if not the Owner) Name	Email
Address, City, State, ZIP	Phone
Signature	Date

***** **THIS SECTION FOR STAFF USE ONLY** *****

Date Submitted	Application correct? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipt #	Case #
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