



Community Planning & Economic Development

245 N. Rose Street, Suite 100 • Kalamazoo, MI 49007

(269) 337-8026 • www.kalamazoo.org

ZONING BOARD OF APPEALS APPLICATION

APPLICANT INFORMATION			
Name:		Mailing Address:	
City:	State:	ZIP Code:	
Phone:	Email:	Preferred Contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone	
PROPERTY OWNER INFORMATION			
<i>If the applicant is not the property owner, owner must sign application or provide a letter stating that owner gives consent for the application to be filed.</i>			
Name:		Mailing Address:	
City:	State:	ZIP Code:	
Phone:	Email:	Preferred Contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone	
PROPERTY INFORMATION			
Property Address(s):			
Parcel Identification Number(s):		Zone District (kalamazoo.org/maps):	
TYPE OF REQUEST			
<input type="checkbox"/> Dimensional Variance from Chapter(s) _____, Section(s) _____		<input type="checkbox"/> Appeal of an Administrative Decision	
<input type="checkbox"/> Use Variance to allow _____		<input type="checkbox"/> Interpretation of Zoning Ordinance, Chapter(s) _____, Section(s) _____	
<input checked="" type="checkbox"/> Natural Features Protection Variance		<input type="checkbox"/> Temporary Use Approval	
Reason for Request:			
ATTACHMENTS			
<input type="checkbox"/> \$ _____ Fee		<input type="checkbox"/> Type Plan detailing variance request, plat, site plan, sketch plan can all be used.	
<input type="checkbox"/> Review Sheet for Request Type		Optional: Photos of property, architecture plans, etc.	
<i>Note: 10 days before meeting provide update on outreach to neighbors or provide any letters of support</i>			
SIGNATURE			
Signature of Applicant:			Date:
Signature of Owner (if different than applicant):			Date: