

**LOWELL CHARTER TOWNSHIP**  
**2910 Alden Nash SE, Lowell, MI 49331**  
**Ph. 616-897-7600 Fax 616-897-6482**  
**Application for Zoning Board of Appeals**

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

1. Applicant Name: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Telephone: (HOME) \_\_\_\_\_ (BUS.) \_\_\_\_\_

Address of Property: \_\_\_\_\_

Parcel Number/Legal Description: \_\_\_\_\_

2. Owner Name (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

3. Describe Request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Relevant Zoning Ordinance Section(s): \_\_\_\_\_

5. Current Zoning and Use of Property: \_\_\_\_\_

6. Size of Parcel: \_\_\_\_\_

7. Applicant's Signature: \_\_\_\_\_ (DATE) \_\_\_\_\_

8. Property Owner's Signature: \_\_\_\_\_ (DATE) \_\_\_\_\_

PLEASE ATTACH A SKETCH TO ILLUSTRATE THE REQUEST AND COMPLETE THE CRITERIA FOR GRANTING A VARIANCE IF APPLICABLE.

**OFFICE USE ONLY**

Application #: \_\_\_\_\_

Date Advertised: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Action Taken by Zoning Board: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_