



Zoning Administrator
 City of Dearborn
 Economic and Community Development
 16901 Michigan Avenue, Suite 6
 Dearborn, Michigan 48126

For Office Use Only	
Date Submitted:	_____
Fee Included: \$	_____
Check Number:	_____
Staff Initials:	_____
ZBA Appeal #:	_____

Zoning Board of Appeals Application

I. PROPERTY INFORMATION:

Property Address: _____

**Business Name or
Property Known As:** _____

Parcel ID Number(s): _____

Zoning District(s): _____ **Lot Size:** _____

II. DESCRIPTION OF CURRENT PROJECT/ACTIVITY:

III. OTHER INFORMATION:

Permits have been __requested __granted __denied in relation to this appeal

Certificate of Occupancy (C of O) Status:

Full Certificate of Occupancy

Temporary Certificate of Occupancy

Applied for Certificate of Occupancy on: _____

No Certificate of Occupancy

Prior appeals involving this property:

Zoning Board Appeals (indicate appeal numbers or dates):

Plan Commission (indicate case numbers or dates):

IV. VARIANCES REQUESTED:

Code Citation:	Nature of Code Section:	Unnecessary Hardship or Practical Difficulty:
Code Requirement:		
Proposed Plans Provide:		

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Additional pages attached.

V. INFORMATION SUBMITTED WITH THIS APPLICATION:

- Submit one **[1]** copy of Applicant and Property Owner’s driver’s license
- Submit one **[1]** copy of current mortgage survey or site plan, to scale, (***meeting all requirements described in the instructions***).
- Submit one **[1]** copy of any supplemental architect/engineering plans/elevations.
- Submit one **[1]** digital copy or 11” x 17” copy of plans.
- In addition, submit one **[1 copy]** of any supplemental information that is printed on 8½” X 11” paper.
- Submit **[application fee]**, per **Application Fee Table** below.

Payment must be in the **form of a check** and made to the **City of Dearborn**.

Application Fee Table

Residential—for first variance per appeal	250.00
Each additional variance per appeal	100.00
Commercial—for first variance per appeal	300.00
Each additional variance per appeal	125.00
Use variance—does not include dimensional variances	500.00
Each dimensional variance per appeal	125.00

Special meeting	1,000.00
Each variance per appeal	100.00
Tabled residential appeals	200.00
Each variance per appeal	100.00
Tabled commercial appeals	300.00
Each variance per appeal	125.00

VI. APPLICANT INFORMATION:

Name/Contact: _____

Business Name: _____

Mailing Address: _____ **Telephone:** _____

City, State, Zip: _____ **Cell/Fax/Other:** _____

Email Address: _____

Relationship: Property Owner Property Owner’s: _____
 Project Owner Project Owner’s: _____

I affirm that the information provided in this application and the accompanying drawings and attachments, which are a part of this application, is accurate.

Signature: _____ **Date:** _____

Subscribed and sworn to before me this _____ day of _____, 20____

 Notary Public,

County, State

My commission expires: _____

Notary Stamp or Seal

VII. CURRENT PROPERTY OWNER INFORMATION:

Current property owner must--

- sign the form,
- have the form notarized, and
- provide proof of ownership {tax bill or deed}

Name/Contact: _____

Business Name: _____

Mailing Address: _____ **Telephone:** _____

City, State, Zip: _____ **Cell/Fax/Other:** _____

Email Address: _____

- I hereby certify that I am the OWNER (or its duly authorized representative) of the property herein described. And,
- I have given the above named PROJECT OWNER AND APPLICANT permission to apply for the requested variance(s). Or,
- I have given the above named APPLICANT the permission to represent me in this application for variance(s). Furthermore,
- The Zoning Board of Appeals and its authorized representatives are hereby granted permission to enter onto my property for the purpose of considering this appeal.

Signature: _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public, _____

County, _____ State

My commission expires: _____

Notary Stamp or Seal