



City of Melvindale

BUILDING DEPARTMENT

3100 Oakwood Boulevard • Melvindale, Michigan 48122
(313) 429-1060 • Fax (313) 383-3993 • www.melvindale.org

ZONING COMMISSION BOARD OF APPEALS

APPLICATION FOR APPEAL

Date _____

To the Board of Appeals:

(Applicant) (Street Address) (Telephone)

(Owner of Premises) (Street Address) (Telephone)

(Lessee) (Street Address) (Telephone)

Hereby makes application for a hearing seeking to _____ the
(reverse, modify or affirm)

_____ of the Department of Buildings & Safety Engineering, dated
(order, decision)

_____, which reads as follows: _____

The property in question is located on the _____ side of _____
N S E W (Street Address)

Between _____ and _____
(Street) (Street)

Plat and plans drawn to scale (on separate attached sheet) showing the actual shape and dimensions of the lot, of the buildings existing, and the lines within which the proposed building is to be erected, or altered, the existing and intended use of each building or part of a building, the number of families or housekeeping units the building is designed to accommodate and any such other information with regard to the lot and neighboring lots as may be deemed necessary to properly provide for the hearing of the appeal.

Give date property was acquired and type of ownership, and state all deed, subdivision, improvement and property restrictions in effect at this time, together with their dates of expiration:

Give legal description of property involved (or attach if too lengthy):

State grounds upon which this application for appeal is based. (A separate attached letter may be used if desired.)

What particular section of the Zoning Ordinance is claimed as the basis for this appeal?

A PHOTOGRAPH OR SNAPSHOT OF BUILDINGS MUST BE PRESENTED WITH THE APPEAL.

A FEE OF \$225.00 (\$200.00 APPLICATION FEE + \$25.00 ADMINISTRATIVE FEE) IS REQUIRED WHEN THIS APPEAL IS FILED.

A COPY OF REJECTION FROM THE BUILDING DEPARTMENT MUST BE PRESENTED WITH THIS APPEAL.

OWNER’S AFFIDAVIT

COUNTY OF WAYNE)
) SS
STATE OF MICHIGAN)

The undersigned, being duly sworn, deposes and says that the foregoing statements and answers herein contained and accompanying information and data are in all respects true and accurate to the best of my knowledge and belief.

(Owner’s signature)

(Owner’s signature)

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

(Notary Public, Wayne County, MI)

My commission expires: _____

Any decision of the Board favorable to the applicant will remain valid only as long as the information or data relating thereto is found to be correct and the conditions upon which the resolution was based are maintained.