

City of Romulus – Board of Zoning Appeals

INTERPRETATION OF ZONING MAP/ORDINANCE AND ADMINISTRATIVE APPEAL APPLICATION

Planning Department 11111 Wayne Road, Romulus MI 48174 Phone: (734) 955-4530 Fax (734) 941-5842

The application must be accompanied by the data specified in the Zoning Ordinance plus the required review fees. Incomplete applications **WILL NOT** be accepted, and will delay processing. Applications must be received and found complete by 12:00 Noon on the submission date or will be held until the next meeting for processing. It is recommended you submit your application in advance of the submission deadline to avoid delay.

Site Information: (If applicable)

Property Address: _____

Parcel ID#'s: _____

The property is located on the NORTH/SOUTH/EAST/WEST side of _____ Road; Between _____ Road and _____ Road.

Total Gross Acres: _____

Existing Use of Property: _____

Property Zoning: _____

Project Information: *This Section to be completed by City*
Case Number: _____

Date Submitted: _____ Date Filed: _____

Fee: **\$800.00** * includes a \$200.00 non refundable city fee plus an estimate of 600.00 to cover the hourly rate of the consultant. An Escrow account will be established to track expenses. The *Applicant is responsible for covering the actual cost of consultant time reviewing the case.*

Copy Fee: _____ Copies x 14 sets x .05 = \$ _____

Total Fee: _____

Applicant Information:

Name: _____

Street: _____

City: _____

State: _____ Zip: _____

Phone: () _____

E-mail/Fax: () _____

Property Owner Information:

Name: _____

Street: _____

City: _____

State: _____ Zip: _____

Phone: () _____

E-mail/Fax: () _____



Interpret Zoning Map

Area of the Zoning Map in Question: _____

(Enlarged map must be submitted with request)

Explain why you believe the area is in question: _____



Interpret Zoning Ordinance

Section of the Zoning Ordinance for which interpretation is sought: _____

Explanation of why interpretation is sought: _____

Explain how your request is within the intent and purpose of the existing ordinance: _____

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 **Appeal an Administrative Decision**

Section of the Zoning Ordinance for which appeal is sought: _____

Department that made the interpretation: _____ Date of Determination: _____

Explanation why you believe the decision was made in error: _____

Explain how your request is within the intent and purpose of the existing ordinance: _____

Affidavit of Petitioner:

I, the undersigned petitioner, being duly sworn, depose and say that the statements and information submitted are true and correct to the best of his/her knowledge, information and belief, further that s/he is authorized to submit this petition. I further acknowledge that the City and its employees shall not be held liable for any claims that arise as a result of acceptance, processing, or approval of this application. I also understand that by signing this application I authorize City staff and/or its representatives to conduct visits to the subject property and allow for reasonable access to the property.

Print Applicant Name	Date	Print Property Owners Name	Date
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Signature of Applicant	Date	Signature of Property Owner	Date
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Notary for Applicant:

Subscribed and sworn before me, this ____day
of _____20____.A Notary Public in and for
_____ County, Michigan.

(Signature)
Notary Public

My Commission expires _____, 20____.

Notary for Property Owner:

Subscribed and sworn before me, this ____day
of _____20____.A Notary Public in and for
_____ County, Michigan.

(Signature)
Notary Public

My Commission expires _____, 20____.