



# Madison Charter Township

## Zoning Appeal Application

Application Number: \_\_\_\_\_

Business/Organization:	
Applicant Name:	Phone Number:
Address:	City, State, Zip:
Email:	
Site Address:	
Legal Description:	
Reason for Appeals Request:	
PROVISION(S) OF THE ZONING ORDINANCE APPEALED (Indicate the Article, Section, Subsection and Paragraph of the Zoning Ordinance being appealed, by number. DO NOT QUOTE ORDINANCE.): _____.	
Attach THREE (3) detailed sketches of site plan, including adequate documentation or paperwork.	
Applicant Signature:	
Date:	Fee Received: \$
<b>FOR OFFICE USE ONLY</b>	
Zoning Board of Appeals Meeting Date:	Date Adjoining Property Owners Notified:
Date Plot Plan or Certified Survey Map Received:	Date Notices Posted:
<b>FOR ZONING BOARD OF APPEALS USE ONLY</b>	
At a meeting of the Zoning Board of Appeals on _____ the above described appeal was considered	
and it was determined that the Appeal was	
<input type="checkbox"/> Granted	<input type="checkbox"/> Denied
For the following reasons:	
Requested interpretation be as follows:	
Signature Chairman Board of Appeals	