**Powell Township**

**P.O. Box 319**

**Big Bay, Michigan 49808**

906-345-9345

**APPEAL OF ADMINISTRATIVE DECISION\***

Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Zoning Administrator Use Only

File #

Date

Receipt #

Hearing Date

Tax Code #

Street/box:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*See sections 1104 and 1106 of the Powell Township Zoning Ordinance. Also see MCL 125.290 through 125.293a (Township Zoning Act, Sections 20 through 23a)**

STATEMENT OF CIRCUMSTANCES GENERATING THIS APPEAL OF DETERMINATION:

Applicable section(s) of the zoning ordinance

**I grant the Zoning Administrator permission to visit and/or photograph the site prior to the hearing**

DATE SIGNATURE OF APPLICANT

(Continued on reverse)

Public Hearing in accordance with Section 1002 held on (Date):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Attendance (Number):

Comments:

APPEAL UPHELD APPEAL DENIED

Date:

Signature:

Chair, Powell Township Zoning Board of Appeals