Powell Township
P.O. Box 319
Big Bay, Michigan 49808
906-345-9345

APPEAL OF ADMINISTRATIVE DECISION*

Applicant: _____

Street/box: _____

City: _____

State/Zip: _____

Daytime Phone: _____

For Zoning Administrator Use Only

File # _____

Date _____

Receipt # _____

Hearing Date _____

Tax Code # _____

***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