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

REQUEST FOR INTERPRETATION

Applicant: _____

Street/box: _____

City: _____

State/Zip: _____

Daytime Phone: _____

For Zoning Administrator Use Only

File # _____

Date _____

Receipt # _____

Tax Code # _____

**See Sections 1104 through 1301 of the Powel Township Zoning Ordinance.*

APPLICANT'S INERPRETATION OF APPLICABLE SECTION(S) OF THE ZONING ORDINANCE

_____

_____

_____

STATEMENT OF CIRCUMSTANCES GENERATING THIS REQUEST FOR INTERPRETATION

_____

_____

_____

APPLICABLE SECTION(S) OF THE ZONING ORDINANCE _____

_____

_____

_____

ATTACHED EXHIBITS: (LIST) _____

_____

_____

_____

_____ _____

DATE SIGNATURE OF APPLICANT

(Continued on reverse)

Public Hearing in accordance with Section 1002 held on (Date): _____

Attendance (Number): _____

Comments: _____

INTERPRETATION APPROVED: _____

INTERPRETATION DENIED: _____

Remarks: _____

Date: _____

Signature: _____
Chair, Powell Township Zoning Board of Appeals