



**DEVELOPMENT SERVICES  
BUILDING DEPARTMENT**  
*"First Preventers of Public Safety"*  
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[www.wbtwp.com](http://www.wbtwp.com)

**OFFICE USE ONLY**

Date:  
Case #:  
Fee:

## ZONING BOARD OF APPEALS APPLICATION

<b>Applicant Information</b>	Name:	Phone:
	Address:	Email:
	Mailing Address: (if different from above)	

<b>Property For Which Variance Is Requested</b>	Address:	Sidwell #:
	Lot & Subdivision:	Zoning District:
	ZBA History: <input type="checkbox"/> Yes <input type="checkbox"/> No	Case#: <span style="float: right;"><input type="checkbox"/> Approved    <input type="checkbox"/> Denied</span>

<b>Property Owner Information</b>	<b>COMPLETE THIS SECTION IF APPLICANT IS NOT PROPERTY OWNER</b>	
	Name:	Phone:
	Address:	Alt Phone:

<b>Checklist For Application Completeness</b>	<b>ALL INFORMATION IN THIS SECTION MUST BE COMPLETED WHEN SUBMITTING</b>	
	<input type="checkbox"/> Variance Standards Form	<input type="checkbox"/> Proof Of Ownership ( <b>copy of deed</b> )
	<input type="checkbox"/> Plot Plan/Site Plan	<input type="checkbox"/> Elevations Of Proposed Construction
	<input type="checkbox"/> Variance Worksheet	<input type="checkbox"/> Ever Been Denied By Bldg or Planning
	<input type="checkbox"/> Structural Report For Additions	<input type="checkbox"/> Zoning Application

<b>Type of Variance That Is Requested</b>	

I hereby affirm that the above information is correct to the best of my knowledge and grant permission for Township Officials and /or Township Staff to conduct an on-site inspection. **Please print and sign.**

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FOLD ALL PLANS**

**Agendas, Minutes or Synopsis available at:  
[www.wbtwp.com](http://www.wbtwp.com)**