

**ZONING BOARD OF APPEALS  
ADMINISTRATIVE APPEAL APPLICATION**

City of Imlay City  
150 North Main Street  
Imlay City, MI 48444  
(810) 724-2135 Fax (810) 724-1861

**THIS APPLICATION SHALL BE FILED BY THE  
LEGAL OWNER OF THE PROPERTY**

<b>SUBMITTAL DATES</b>	<b>ZONING BOARD OF APPEALS MEETING DATES</b>
<b>December 28, 2023</b>	<b>January 25, 2024</b>
<b>January 26, 2024</b>	<b>February 22, 2024</b>
<b>February 23, 2024</b>	<b>March 28, 2024</b>
<b>April 1, 2024 (Due to Good Friday Observance)</b>	<b>April 25, 2024</b>
<b>April 26, 2024</b>	<b>May 23, 2024</b>
<b>May 24, 2024</b>	<b>June 27, 2024</b>
<b>June 28, 2024</b>	<b>July 25, 2024</b>
<b>July 26, 2024</b>	<b>August 22, 2024</b>
<b>August 23, 2024</b>	<b>September 26, 2024</b>
<b>September 27, 2024</b>	<b>October 24, 2024</b>
<b>October 25, 2024</b>	<b>November 21, 2024</b>
<b>NO Meeting in December</b>	<b>NO Meeting in December</b>

The Zoning Board of Appeals meets on the 4th Thursday of each month on an as-needed basis. The meetings will begin at 6:00 P.M. unless otherwise noted and will be held at Imlay City Hall, 150 North Main Street.

Applications will be accepted for Zoning Board of Appeals review until 4:00 P.M. on the submittal deadline date. Incomplete applications will be refused.

**PLEASE SEE THE CURRENT FEE SCHEDULE FOR FEES**

**CITY OF IMLAY CITY**  
**ADMINISTRATIVE APPEAL APPLICATION**  
**ZONING BOARD OF APPEALS**

**THIS APPLICATION SHALL BE  
FILED BY THE LEGAL  
OWNER OF THE PROPERTY**

To be completed by petitioner and returned to the City Office

1. **Petitioner Name** \_\_\_\_\_
  
2. **Location of Property**  
    Address \_\_\_\_\_  
    Property Tax ID Number \_\_\_\_\_  
    Cross Streets \_\_\_\_\_  
    \_\_\_\_\_
  
3. **Identification**  
    Petitioner \_\_\_\_\_  
    Address \_\_\_\_\_  
    City/State/Zip \_\_\_\_\_  
    Phone \_\_\_\_\_ Fax \_\_\_\_\_  
    Email: \_\_\_\_\_  
  
     **Property Owner**     **Other (specify)** \_\_\_\_\_  
    Property Owner \_\_\_\_\_  
    Address \_\_\_\_\_  
    City/State/Zip \_\_\_\_\_  
    Phone \_\_\_\_\_ Fax \_\_\_\_\_  
    Length of Ownership \_\_\_\_\_
  
4.     Email: \_\_\_\_\_  
    Zoning District \_\_\_\_\_ Current use \_\_\_\_\_  
    Depth \_\_\_\_\_ Width \_\_\_\_\_

5. **Appeals Request: Please describe the administrative determination(s) you are appealing:**

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6. **Please list your reason(s) for the Appeal:**

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I, \_\_\_\_\_ (applicant), do hereby swear that the above statement(s) are true.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

I, \_\_\_\_\_ (property owner), hereby give permission for Imlay City, city officials, staff, and consultants to go on the property for which the above referenced petition is proposed for purposes of verifying information provided on the submitted application.