

Ontwa Township · Cass County · Michigan

www.ontwatwp.org • 26225 U.S. 12 • P. O. Box 209 • Edwardsburg, MI 49112 • Fax: (269) 663-0072 • Phone: (269) 663-2347 Request Number: _____ Filing Fee _____

APPLICATION FOR INTERPRETATION OR APPEAL

Ap	plicant's Name:	Phone Number		
Ad	dress:		State	
	Street	•		·
Fax	x Number	Email Address		
Are	e You: Property Owner Owner's Agent	☐ Contract Purchaser	r 🗆 Option	Holder
Ap	plicant is being represented by:	Phone Nu	ımber	
Ad	dress:	 		· · · · · · · · · · · · · · · · · · ·
Str	reet address and/or location subject to appeal or into	erpretation (if applicable):	:	·····
– Pai	rcel Identification Number (Tax I.D. No.): #			
Pre	esent Zoning of Parcel:	_ Present Use of Parcel	l:	· · · · · · · · · · · · · · · · · · ·
Ac	tion requested:			
	Interpretation of the Zoning Ordinance. Indicate the section in question and the nature of the request (attach			
	additional materials if needed).			
	additional materials if needed):			
	Interpretation of the Zoning Map. Describe the nat			
	Interpretation of the Zoning Map. Describe the nat Appeal of an administrative decision of the Zoning nature of the appeal (attach additional materials if	ure of the request (attach g Administrator and/or Pl needed):	additional i	materials if needed):
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Property Owner Approval: As owner I hereby authorize the submittal of this application and agree to abide by any decision made in response to it. I further agree to permit members of the Zoning Board of Appeals, Planning Commission, Township Board, and other authorized Township officials to enter the above-mentioned property.