

Ontwa Township · Cass County

Michigan

Date

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 Applicant's Name: ____ Phone Number 1. Address: ___ City State Zip Fax Number Email Address 2. Are You: □ Property Owner □ Owner's Agent □ Contract Purchaser □ Option Holder Applicant is being represented by: ______ Phone Number _____ 3. Street address and/or location subject to appeal or interpretation (if applicable): 4. Parcel Identification Number (Tax I.D. No.): # Present Zoning of Parcel: _____ Present Use of Parcel: _____ 5. **Action requested:** Interpretation of the Zoning Ordinance. Indicate the section in question and the nature of the request (attach additional materials if needed): Interpretation of the Zoning Map. Describe the nature of the request (attach additional materials if needed): Appeal of an administrative decision of the Zoning Administrator and/or Planning Commission. Describe the nature of the appeal (attach additional materials if needed): Ruling sought and justification: 6. What is the desired ruling by the Ontwa Township Zoning Board of Appeals? Please specifically state the reason for this request (attach additional materials if needed). The facts presented above and on the following page(s) are true and correct to the best of my knowledge. _____ Date: _____ Type or Print Your Name Here: 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.

Rev 12/30/2022

Owner