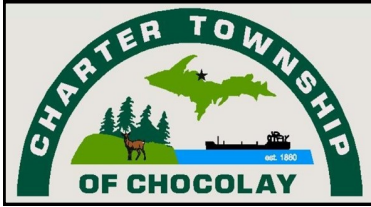


# Zoning Application for Interpretation

App # ZI- \_\_\_\_\_ - \_\_\_\_\_



**Chocolay Charter Township  
Planning and Zoning Department**  
5010 US 41 South  
Marquette, MI 49855  
Phone: 906-249-1448 Fax: 906-249-1313

APPLICANTS(S): Complete this form by using the attached information sheet if needed and/or contact the Zoning Administrator for guidance. An application for an interpretation by The ZONING BOARD OF APPEALS shall be submitted with the associated fee and any submittal information to the Zoning Administrator at least thirty (30) days prior to the next scheduled Zoning Board of Appeals meeting.

<b>Fee: \$300.00</b>	<b>Township Staff Use</b>	<b>Date Fee Paid</b> _____
Parcel ID#: _____		<b>Receipt #</b> _____
NOTE: Incomplete Applications will not be accepted and notices required for public hearings will not be sent out until it has been verified that ALL of the information required is present at the time of the application—no exceptions!		
Date of Zoning Administrator's Decision: _____		
Attach Copy of Letter and/or Application    YES or NO		
Hearing Date: _____		
Date to send Notices: _____	Notices sent:	YES or NO
Date to Publish/ Post Notice: _____	Notice published	YES or NO

APPLICANT INFORMATION:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



Zoning Application for Interpretation  
ZI-            -

**Section 1-     Zoning Administrator decision being appealed:**

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**Section 2-     Relevant Sections (s) of Zoning Ordinance:**

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**Section 3-     Reason for Appeal:**

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**Zoning Administrator's Comments: (office use only)**

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Zoning Application for Interpretation  
ZI- -

**Section 4- ATTACHMENTS TO THE APPLICATION**

Additional information, such as a certified survey, can be included with your application if you believe it would support your presentation and reasons for a variance. Please check the item(s) if you have included anything

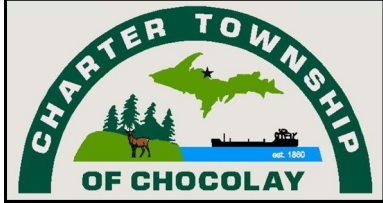
- Site plan as proposed (highly recommended)
- Relevant maps
- Deed restrictions (if any)
- Photos
- Copies of permits that have been granted
- Brochures of marketing information for any pertinent manufactured items

**SIGNATURE**

I hereby certify the following:

1. I am the legal owner, or under control, of the property, for which this application is being submitted, and
2. I desire to apply for the zoning interpretation indicated in this application with the attachments and that the information contained herein is true and accurate to the best of my knowledge, and
3. The requested zoning interpretation would not violate any deed restrictions attached to the property involved in the request; and
4. I acknowledge that this application is not considered filed and complete until all of the required information has been submitted and all required fees have been paid in full. Once my application is deemed complete, I will be assigned a date for a public hearing before the Zoning Board of Appeals and that may not necessarily be the next scheduled meeting due to notification requirements; and
5. I acknowledge that this form is but only an application for a zoning interpretation and is valid only with procurement of applicable approvals.

\_\_\_\_\_ (signature)                      \_\_\_\_\_ (date)



RESOLUTION GIVING INTERPRETATION  
#ZI- -

*WHEN TO USE THIS FORM: This form is used by the ZBA to express its opinion on applications for interpretation.*

The Chocolay Township Zoning Board of Appeals at a meeting duly convened on \_\_\_/\_\_\_/\_\_\_ reviewed the facts in an application for an interpretation of the Chocolay Township Zoning Ordinance. (Application #ZI \_\_\_\_\_ - \_\_\_\_\_) described as follows:

\_\_\_\_\_ and

WEREAS, said application request an interpretation of the Zoning Ordinance relevant to Section No. \_\_\_\_\_, and

WEREAS, the board held a public hearing, duly published on \_\_\_/\_\_\_/\_\_\_, and

WEREAS, at said public hearing all who were desired to be heard and their testimony recorded, and

WEREAS, all testimony had been carefully considered and the following pertinent facts noted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOW, THEREFORE BE IT RESOLVED, by the Chocolay Township Zoning Board of Appeals that Application #ZI \_\_\_\_\_ - \_\_\_\_\_ an application for an interpretation by the applicant (name) \_\_\_\_\_.

Is hereby interpreted to be defined as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of ZBA Chairperson

Date of final action \_\_\_/\_\_\_/\_\_\_

Date of filling with Clerk \_\_\_/\_\_\_/\_\_\_