



VILLAGE OF NEW HAVEN

57775 Main Street, P.O. Box 480429

New Haven, MI 48048

Phone (586) 749-5301 Ext. 214

Fax (586) 749-3408

ZONING BOARD OF APPEALS APPLICATION

Date _____

I. TYPE OF REQUEST

VARIANCE INTERPRETATION ADMINISTRATIVE APPEAL TEMPORARY USE

II. APPLICANT (A Completed Application Information Form Must Accompany This Application)

APPLICANTS NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

III. PROPERTY INFORMATION

PROPERTY ADDRESS _____

GENERAL LOCATION _____

LEGAL DESCRIPTION ATTACHED ON SITE/SKETCH PLAN

PROPERTY IDENTIFICATION NO. _____

PROPERTY SIZE (ACRES) _____ FRONTAGE (FEET) _____

EXISTING ZONING _____ ZONING OF SURROUNDING PROPERTY _____

CURRENT USE _____

IV. REQUEST DETAIL

VARIANCE FROM ORDINANCE SECTION _____

INTERPRETATION OF ORDINANCE SECTION _____

APPEAL OF ACTION BY _____ DATE OF ACTION _____

PROPOSED TEMPORARY USE _____

V. SIGNATURES (This application must be signed by both the applicant and legal owner of the property)

The undersigned swears and deposes that the foregoing statements and answers and accompanied information are true and correct.

SIGNATURE OF APPLICANT

SIGNATURE OF LEGAL OWNER

Print/Type Name Of Applicant

Print/Type Name Of Legal Owner



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AFFIDAVIT OF OWNERSHIP OF LAND

STATE OF MICHIGAN
COUNTY OF MACOMB

I/We _____
Name(s)
of _____
Address City State Zip Phone
the _____ of _____
Title Name of Company

being duly sworn, depose(s) and say(s) as follows:

1. The owner(s) of the property described on the attached
 Warranty Deed Land Contract Other Document (Specify)

is/are as follows: _____
Name Address

Name Address

Name Address

This property is the subject of a _____ Application submitted to
the Village of New Haven. *Type of Application*

2. I/We authorize _____
Name(s)
the _____ of _____
Title(s) Name of Company
of _____
Address City State Zip Phone

to be my/our designated representative(s) in the processing of the application and to
make representations and commitments on my/our behalf in connection with obtaining
approval of my/our request.

Signature of property owner

(Print/type name of property owner)

Title of property owner (if applicable)

Subscribed and sworn to before me on
the _____ day of _____, 20____
_____, Notary Public
_____ County, Michigan
My commission expires: _____



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APPLICANT INFORMATION FORM

Date _____

I. TYPE OF APPLICATION

The Appropriate Application Form Must Accompany This Form

- | | |
|--|--|
| <input type="checkbox"/> SITE PLAN | <input type="checkbox"/> NON-CONFORMING USE |
| <input type="checkbox"/> ZONING BOARD OF APPEALS | <input type="checkbox"/> SPECIAL LAND USE |
| <input type="checkbox"/> CONDOMINIUM SUBDIVISION | <input type="checkbox"/> PLAT REVIEW |
| <input type="checkbox"/> SUBDIVISION | <input type="checkbox"/> REZONING |
| <input type="checkbox"/> TEMPORARY USE | <input type="checkbox"/> LAND DIVISION/COMBINATION |
| <input type="checkbox"/> LOT SPLIT | <input type="checkbox"/> OTHER _____ |

II. APPLICANT INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

DATE OF BIRTH _____

DRIVERS LICENSE NUMBER _____

(A Copy Of Both Sides Of The Applicants Drivers License Must Be Attached)

(Fax Copies Will Not Be Accepted)

III. SIGNATURE

The undersigned deposes and swears that the foregoing statements and answers and accompanied information are true and correct.

SIGNATURE OF APPLICANT

PRINT/TYPE NAME OF APPLICANT