APPEALS APPLICATION

1. Appeal application shall be filed on a form approved by the Board, and obtainable at the Health Department Office. Nine (9) completed copies of the application form with attachments must be filed by the appellant at the Health Department office. Separate applications for each individual appeal subject must be filed.

2. In addition to information required in the appeal application for, all appeal applications must also include the following information and data that is applicable thereto:

   a. The principal points on which the appeal is made; based upon the decision, order or section of the Code appealed.

   b. Supporting data, including plans drawn to scale showing shape, dimensions, construction material and method of construction in nine (9) copies. Supporting documents shall depict a clear and accurate description of that portion of the case on which the appeal is based.

3. Any additional information, including reports of independent agencies or professional consultants.

APPEAL FEE

Each application for appeal shall be accompanied by an Appeal Fee of $461.00

❖❖❖
11/1/2019
BENZIE/LEASENAU COUNTY APPEALS BOARD

APPEAL APPLICATION

DATE: _________________________

APPELLANT'S NAME: _____________________________________________

ADDRESS: ______________________________________________________

_________________________________________________________________

_________________________________________________________________

PHONE #: _________________________

PROJECT DESIGNATION: (Name, Etc.) ________________________________

PROJECT LOCATION:

ADDRESS: ______________________________________________________

TOWNSHIP: _____________________________________________________

VILLAGE/CITY: _________________________________________________

LEGAL DESCRIPTION: ___________________________________________

PROPERTY TAX ID #: ____________________________________________

THE APPEAL: ___________________________________________________
APPELLANT’S CERTIFICATE:

I certify that all information provided in this Appeal Application and its attachments is true and depicts a clear and accurate description of that portion of the case upon which this appeal is based.

__________________________________________
Signature of Appellant

STATE OF MICHIGAN

COUNTY OF RESIDENCE _______________________

On this _______ day of ___________ A.D. 20___ before me personally appeared the above named person who deposeth and sayeth that he signed this application with full knowledge of its content and that all matter stated therein is true.

__________________________________________
Notary Public

My Commission Expires: _______________

❖ For Board of Appeals Use Only ❖

Date of Appeal Hearing: _________________

Disposition or Action by Board: __________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Chairperson: ___________________________ Date: ___________________________