CITY OF MUNISING
APPEAL OF ADMINISTRATIVE DECISION*

Applicant_____

Street/Box_____

City_____

State/Zip_____

Daytime Phone_____

For Zoning Administrator Use Only

File #_____
Date_____
Receipt #_____
Hearing Date_____
Tax Code #_____
Fee Paid_____

* See Section 305 and Article XIII.

Statement of circumstances why this appeal is requested:

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Applicable section(s) of the zoning ordinance_____

_____ _____
Date Signature of Applicant

ZONING BOARD OF APPEALS ACTION:

Appeal Upheld_____ Appeal Denied_____

Signature_____ Date_____
Chair, Zoning Board of Appeals