

CITY OF MUNISING
APPEAL OF ADMINISTRATIVE DECISION*
or Planning Commission Decision

Applicant _____

For Zoning Administrator Use Only

Street/Box _____

File # _____

City _____

Date _____

State/Zip _____

Receipt # _____

Daytime Phone _____

Hearing Date _____

Tax Code # _____

Fee Paid _____

* See Section 305 and Article XIII.

Statement of circumstances why this appeal is requested: (Please provide explicit facts as to the basis for the appeal)*

Applicable section(s) of the zoning ordinance _____

*Additional facts and documents may be attached

Date

Signature of Applicant

ZONING BOARD OF APPEALS ACTION:

Appeal Upheld _____

Appeal Denied _____

Signature _____

Date _____

Chair, Zoning Board of Appeals