



CITY OF HILLSDALE

97 NORTH BROAD STREET
HILLSDALE, MICHIGAN 49242-1695
(517) 437-6455 FAX: (517) 437-6448

Zoning Board of Appeals Petition Form

Applicant Name _____

Address _____

Phone () _____

Property Owner _____

Address _____

Phone () _____

If the applicant is not the Property Owner, what is the Applicant's interest in the Property
(Land Contract, Lease, Option, etc) _____

PROPERTY ADDRESS _____

PARCEL NUMBER _____ **Date of Zoning Permit Denial** _____

Reason for Denial _____

Purpose of Request (Specify exactly what is being requested. Attach separate page, as needed) _____

If this is a variance request, please explain the practical difficulty or hardship (Attach
separate page, as needed.) _____

Signature (Property Owner/Representative) _____

Date _____

Fee: \$300

Office Use Only	
Date of Hearing: _____	Disposition of ZBA: _____
_____	_____
_____	_____

Payment Validation
City Clerk's Office