



**City of Flint**  
**Planning & Zoning Department**  
 1101 S Saginaw Street Room S105, Flint, MI 48502  
 Phone: (810) 766-7426  
[www.cityofflint.com/department/planning-and-zoning/](http://www.cityofflint.com/department/planning-and-zoning/)

Fee: _____
Date Rec'd: _____
Application #: _____
Meeting Date: _____

**Application for Administrative Appeal/ Interpretation**

<input type="checkbox"/> <b>Administrative Appeal</b>	<input type="checkbox"/> <b>Text Interpretation</b>	<input type="checkbox"/> <b>Map Interpretation</b>
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<b>Property Address, Parcel ID Number(s), &amp; Zoning District</b>	Property or Street Address:	
	Parcel I.D. Number(s):	
Zoning District:		

<b>Project Description</b>			
	Does the project involve Specially Designated Merchant License, Specially Designated Distributor License, or other liquor license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are there any easements on the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Applicant (Must have a legal interest in the property)</b>	Name:			
	Firm:			
	Address:			
	City:			
	State:		Zip Code:	
	Phone:		Email:	
	<input type="checkbox"/> Own the property			
<input type="checkbox"/> Lease the property, if so what is term of lease?	Years:	W/ options? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Have offer to purchase property (attach purchase agreement)				
<input type="checkbox"/> Other property interest: (e.g., architect, attorney, contractor, etc.)				
Applicant Signature:				

<b>Primary Contact</b> <input type="checkbox"/> Same as applicant	Name:			
	Firm:			
	Address:			
	City:			
	State:		Zip Code:	
	Phone:		Email:	
	Relationship to Applicant (e.g., architect, attorney, contractor, etc.)			
<b>Property Owner</b> <input type="checkbox"/> Same as applicant	Name:			
	Firm:			
	Address:			
	City:			
	State:		Zip Code:	
	Phone:		Email:	
	Relationship to Applicant (e.g., architect, attorney, contractor, etc.)			

Please note:

**The non-refundable fee made payable to the City of Flint must accompany your application.**

An Administrative Appeal shall be taken within 20 days after the decision by filing a notice of appeal, specifying the grounds thereof, with the Zoning Coordinator.

<b>Interpretation Requirements (<a href="#">Section 50.17.11</a>)</b>				
<b>Requirements</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
1. The number of the section and the current language of the Zoning Ordinance that is being requested for an interpretation.				
2. Such other information concerning the lot or adjoining lots as may be essential for determining whether the provisions of this Ordinance are met.				
3. Proof of ownership. Proof may include a preliminary title report from a licensed title company or attorney listing the name of the property owner(s) and all liens, easements and judgements or record affecting the subject property. I. Whether the owner is not the applicant, the applicable review official shall require an applicant to present evidence that the applicant is duly authorized agent of the owner.				