Applicant Information Name of Applicant:		
		Staff Use Only
Mailing Address:		Case №: Materials Rec'd:
City:	State: Zip:	III
Phone:	_ Email:	r — — — — — — — — — — — — — — — — — — —
Legal Interest: □ Property Owner	□ Lessee/Tenant	│ □ Non-Residential
□ Purchaser by Opti	on, Purchase Agreement, or Land Cor	ntract Mtg. Date:
Owner Information (☐ Same as A Owner of Record:	• • • •	Action: Track №:
Mailing Address:		
City:	State: Zip:	Property Owner and Authorized Agent Affidavits
Phone:	_ Email:	•
Agent Information Name of Agent:		Owner Affidavit, this must be completed when the applicant is not the property owner of record.
Organization:		
Mailing Address:		See Page 6 for the Authorized Agent Affidavit, this must be
City:	State: Zip:	completed for any person(s)
Phone:	_ Email:	acting on applicant's behalf.
Zoning Information Parcel Address:		Parcel ID №:
Current Legal Use:		Zoning District:
Proposed Use:		

nterpretation Information (□ See attachment) Describe the requested Zoning Ordinance interpretation.						
				······································		
					· · · · · · · · · · · · · · · · · · ·	
_ist the applica	able section(s) of	the Zoning Ord	inance.			
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Required	Inforn	nation	for	Sub	mittal
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☐ This application with complete information, neatly written, and signed by all applicable parties.
□ Application fee payment. (Check, Cash, Card, Online – Confirm with staff)
□ Complete responses to all Administrative Appeals Information prompts.
□ Proof of Ownership
□ Deed, Purchase Agreement, Option, Land Contract, etc.
□ Notarized Authorized Agent Authorization Form (if applicable)
□ Copies of Submitted Development Plan (if applicable)
 Must be signed and sealed if the request relates to a Zoning Coordinator Review, Special Land Use,
Additionally Regulated Use, or other review requiring plans from an architect, engineer, or surveyor
licensed by the State of Michigan.

- Might require floor plans or elevations, depending on the request.
- Twelve (12) hard copies, minimum Arch C (18" x 24"), one (1) digital copy.
- □ Copies of Submitted Plot Plan (if applicable)
 - Drawn layout of the property including buildings, fencing, walkways, driveways, and/or any other pertinent information. May be completed by the applicant so long as the drawing is neat and legible.
 - Might require floor plans or elevations, depending on the request.

In the course of reviewing the application, the Zoning Coordinator may request additional information from the applicant, where the information is necessary to complete the review.

Applicant Confirmation

The applicant must read the following statement carefully and sign below:

The undersigned requests that the City of Flint review this application and related required documents and plans as provided in Article 17 of the City of Flint Zoning Ordinance. The applicant affirms and acknowledges the following:

- That the applicant has a legal interest in the property described in this application.
- That the answers, statements, and documents contained in this application and enclosures are in all respects true and correct to the best of their knowledge.
- That the approval of this application does not relieve the undersigned from compliance with all other provisions of the Zoning Ordinance or other codes or statutes.
- That the applicant will comply with any and all conditions imposed in granting an approval of this request.
- That any decision of the Board favorable to the applicant will remain valid only as long as the information or data relating thereto are found to be correct and the conditions upon which the decision was based are maintained.
- If also the owner, the applicant grants the City of Flint staff and the Zoning Board of Appeals the right to access the subject property for the sole purpose of evaluating the application.

Applicant Name (printed)	
Applicant Signature	Date
Owner Confirmation (□ Not applicable)	
If the applicant is not the property owner, the owner must read the	e following statement carefully and sign below:
The undersigned affirms and acknowledges they are the owner(s	s) of the property described in this application, and
 Is/are aware of the contents of this application and related encl 	osures.
 Authorizes the applicant and their agent, if applicable, to submit in the matter being reviewed by the City of Flint. 	it this application and represent the undersigned
 Grants the City of Flint staff and the Zoning Board of Appeals the 	he right to access the subject property for the sole
purpose of evaluating the application.	
Property Owner Name(s) (printed)	
Property Owner Signature(s)	Date

ZONING BOARD OF APPEALS PROPERTY OWNER AFFIDAVIT

	eate of Michigan ss. Sounty of Genesee		(□ Not applicable)
l (v	Property Owner Name(s) (printed)	, after being first duly sw	orn, depose and say:
1.	That I/we are the owner(s) of real estate located at	Street Address and Parcel Identificat	ion Number (PID)
2.	That I/we have read and examined the application,		
3.	That I/we have no objection to, and consent to such	request as set forth in the appli	cation.
4.	Such request being made by the applicant (\square is) (\square referenced property.	□ is not) a condition to the sale	or lease of the above
Pro	perty Owner Signature(s)		
Su	bscribed and sworn to me this day of	Month	Year
No	tary Name (printed)		
No	tary Signature ,	, Notary Public	
Му	commission expires:	_	
Co	unty of Residence:		

ZONING BOARD OF APPEALS AUTHORIZED AGENT AFFIDAVIT

State of Michigan County of Genesee ss.	(□ Not applicable)
I (we) Applicant Name (printed) 1. That all statements herein contained and the information other exhibits are in all respects true and correct 2. That I hereby authorize the following people to recommend to the information of the informat	represent my interests regarding this application and to or legislative body in the City considering this application
Authorized Agent Name (printed)	Authorized Agent Name (printed)
Authorized Agent Name (printed)	Authorized Agent Name (printed)
Applicant Signature	
Subscribed and sworn to me this day of	Month Year
Notary Name (printed)	
Notary Signature	, Notary Public
My commission expires:	

INTERPRETATION APPLICATION PROCESS				
Step 1	Applicant(s) submits a complete application with all supporting materials.			
Step 2	 Staff reviews the application for completeness. (5 business days) If there are any incomplete items, staff sends a response to the applicant(s) indicating deficient materials. 			
Step 3	 Staff sets a public hearing for the next available meeting. Staff notices the public hearing at least 15 days prior in the Flint Journal Legal-Ads and sends mailers to residents and property owners within a minimum of 300 ft. from the property. 			
Step 4	 Staff analyzes the application and materials and creates a report with findings. Staff sends the report to the ZBA and applicant(s) prior to the meeting date. 			
Step 5	 Applicant attends the public hearing. Zoning Board of Appeals gives an interpretation or tables the request for another date. 			

Submission

Completed applications may be submitted via email, mail, or drop-off.

Email: cof-zoning@cityofflint.com Address: Flint City Hall, Zoning Division

Phone: (810) 766-7426 1101 S. Saginaw St. Flint, MI 48502

Any persons having an interest affected by a decision of the Zoning Board of Appeals shall have the right to appeal to the circuit court on questions of law and fact.