



# DEXTER TOWNSHIP

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DEXTER, MI 48130

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## APPEAL OF DECISION APPLICATION FORM

File #:	-ZBA-
Received on:	
Fee: \$	
Receipt #:	

<b>(1) Applicant Information:</b> <i>(the person(s) applying for the appeal)</i>		<b>(2) Owner Information:</b> <i>(the person(s) owning the property related to the appeal)</i>	
a. Owner - Agent for the Owner <i>(circle one)</i>		a. Same as Applicant <i>(circle if appropriate)</i>	
b. Name(s)		b. Name(s) <i>(if different from applicant)</i>	
c. Mailing Address		c. Mailing Address <i>(if different from applicant's mailing address)</i>	
d. Phone Number		d. Phone Number <i>(if different from applicant's phone number)</i>	
e. Email		e. Email <i>(if different from applicant's email)</i>	
<b>(3) Property Information:</b> <i>Property related to the appeal</i>			
a. Physical Address		d. Size and nature of existing improvements on the property:	
b. Parcel/Tax ID Number(s)			
c. Zoning District <i>(circle one)</i>  PL AG RC RR LR CU MHPR C-1			
<b>(4) Application Checklist:</b> <i>Check all of the information that is included as part of this application.</i>			
Item and Description	YES	NO	Attachment Number
a. <b>Application.</b> A completed appeal of decision application signed by the applicant and the property owner(s). <i>Required for all appeal applications.</i>	<input type="checkbox"/>	<input type="checkbox"/>	n/a
b. <b>Application Fee.</b> Cash or check to Dexter Township, as outlined in the current fee schedule. <i>Required for all appeal applications.</i>	<input type="checkbox"/>	<input type="checkbox"/>	n/a
c. <b>Decision Being Appealed.</b> A copy of the decision being appealed, if written. <i>Required for all appeal applications.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
d. <b>Site Plan or Plot Plan.</b> A complete plot or site plan, as outlined in §26.03 or §27.09 of the Zoning Ordinance. One copy is required if the Township is able to make reproductions ( <i>legible letter, legal or 11x17 sheets</i> ). Eight copies are required if the Township is not able to make reproductions ( <i>larger sheets, color prints, etc</i> ). Please contact staff if you have any questions prior to submitting this application. <i>Required for all appeals related to a physical property.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
e. <b>Legal Description.</b> A legal description of the property related to the appeal. <i>Required for all appeals related to a physical property.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
f. <b>Survey.</b> A mortgage or boundary survey of the property related to the appeal. <i>Required for all appeals related to a physical property.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
g. <b>Building Plans.</b> Plans illustrating the floor plans, elevations, and sections of buildings or details of the structure. <i>Required for all appeals related to a structure.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
h. <b>Decision Criteria Answers.</b> Answers to the decision criteria, if not fully completed in Section 6 of this application.	<input type="checkbox"/>	<input type="checkbox"/>	
i. <b>Pictures.</b> Pictures of the property and the area affected by the appeal.	<input type="checkbox"/>	<input type="checkbox"/>	
j. <b>Other.</b> Describe:	<input type="checkbox"/>	<input type="checkbox"/>	
<b>(5) Nature of Appeal:</b> <i>Describe the nature of the appeal. Include references to relevant Zoning Ordinance sections, meeting dates, etc.</i>			
<b>(6) Decision Criteria Answers:</b> <i>Please describe how you think your appeal(s) meets the following standards; provide answers for all the criteria that</i>			

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File #

*you feel are appropriate. Attach additional sheets if necessary. You will have an opportunity to provide additional information and address these decision criteria at the public hearing.*

a. The original decision was arbitrary or capricious. §29.07(E)(1)

b. The original decision or action was based on erroneous finding of material fact. §29.07(E)(2)

c. The original decision or action constituted an abuse of discretion. §29.07(E)(3)

d. The original decision was based on an erroneous interpretation of the Zoning Ordinance or zoning law. §29.07(E)(4)

**(7) Applicant(s) Affidavit:** *(to be signed and dated by the applicant)*

- I hereby certify that I am the owner of the subject property or have been authorized to act on behalf of the owner(s) and that all of the statements and attachments are true and correct to the best of my knowledge and belief.*
- I acknowledge that filing of this application grants access to the Township to conduct onsite investigation of the property in order to review this application.*
- I understand that I must post the public notice sign at least 15 days before the public hearing date.*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

**(8) Property Owner(s) Affidavit:** *(to be signed and dated by the property owner if the applicant is not the property owner- it should be signed by all property owners.)*

