



**BENZIE/LEELANAU COUNTY  
BOARD OF APPEALS APPLICATION  
for  
LEELANAU COUNTY**



**APPEALS APPLICATION**

1. Appeal application shall be filed on a form approved by the Board, and obtainable at the Health Department Office. *Nine (9) completed copies* of the application form with attachments must be filed by the appellant at the Health Department office. Separate applications for each individual appeal subject must be filed.
2. In addition to information required in the appeal application for, all appeal applications must also include the following information and data that is applicable thereto:
  - a. The principal points on which the appeal is made; based upon the decision, order or section of the Code appealed.
  - b. Supporting data, including plans drawn to scale showing shape, dimensions, construction material and method of construction in *nine (9) copies*. Supporting documents shall depict a clear and accurate description of that portion of the case on which the appeal is based.
3. Any additional information, including reports of independent agencies or professional consultants.

**APPEAL FEE**

Each application for appeal shall be accompanied by an *Appeal Fee of \$475.00*

# BENZIE/LEELANAU COUNTY APPEALS BOARD



## APPEAL APPLICATION



DATE: \_\_\_\_\_

APPELLANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE #: \_\_\_\_\_

PROJECT DESIGNATION: (Name, Etc.) \_\_\_\_\_  
\_\_\_\_\_

**PROJECT LOCATION:**

ADDRESS: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_

VILLAGE/CITY: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_

PROPERTY TAX ID #: \_\_\_\_\_

THE APPEAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# BENZIE/LEELANAU COUNTY APPEALS BOARD

## APPEAL APPLICATION



~ Continued ~



(Attach Additional Sheets as Necessary)

### APPELLANT'S CERTIFICATE:

*I certify that all information provided in this Appeal Application and its attachments is true and depicts a clear and accurate description of that portion of the case upon which this appeal is based.*

\_\_\_\_\_  
Signature of Appellant

STATE OF MICHIGAN

COUNTY OF RESIDENCE \_\_\_\_\_

*On this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_ before me personally appeared the above named person who deposeth and sayeth that he signed this application with full knowledge of its content and that all matter stated therein is true.*

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

❖ *For Board of Appeals Use Only* ❖

Date of Appeal Hearing: \_\_\_\_\_

Disposition or Action by Board: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_