

**CITY OF KENTWOOD  
ZONING BOARD OF APPEALS  
NON-USE VARIANCE APPLICATION**

APPEAL # \_\_\_\_\_

HEARING DATE \_\_\_\_\_

APPLICANT: \_\_\_\_\_

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

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

PROPERTY OWNER: \_\_\_\_\_

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

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

LOCATION OF VARIANCE (If applicable) \_\_\_\_\_

ZONING DISTRICT OF PROPERTY: \_\_\_\_\_

ZONING ORDINANCE SECTION (S) APPEALED: \_\_\_\_\_

NATURE OF APPEAL: The Zoning Ordinance (requires/allows/does not permit)

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

JUSTIFICATION OF APPEAL: Briefly describe how your appeal meets the Standards of Section 21.04B of the Kentwood Zoning Ordinance. Each standard must be met.

STANDARD (1): \_\_\_\_\_

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

STANDARD (2): \_\_\_\_\_

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

STANDARD (3): \_\_\_\_\_

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

STANDARD (4): \_\_\_\_\_

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

STANDARD (5) \_\_\_\_\_

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

STANDARD (6) \_\_\_\_\_

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

Zoning Board of Appeals  
Non-Use Variance Application  
Page 2

I hereby certify that all of the above statements and any attachments are correct and true to the best of my knowledge.

Authorization for city staff and board members to enter the property for evaluation.

Yes \_\_\_\_\_ No \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_  
(Please print)

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_  
(Please print)

SIGNATURE OF PROPERTY OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

Return to Planning Department  
PHONE: 554-0707, FAX NO. 698-7118

Filing Fee \$ \_\_\_\_\_  
Escrow Fee (if applicable) \$ \_\_\_\_\_ Escrow fee to cover extraordinary fees directly attributable to the project review.  
Applicant will also be responsible for any other extraordinary fees in excess of the original escrow fee.