# ZONING BOARD OF APPEALS APPLICATION

## SUBMISSION REQUIREMENTS

- **Fees and escrow** must be paid as outlined in the **Saugatuck Township Consolidated Fee Schedule**.
- Submit **10 hard copies** and **1 digital copy** of this application, along with all required documentation and a site plan.
- Applications must be **complete and submitted before a hearing can be scheduled**.
- **Incomplete applications** will not be accepted or scheduled for review.
- The **applicant or an authorized representative** must attend the hearing to present the petition.
- The **Township Office** will notify you of the **hearing date and time** once scheduled.
- **Property owners within 300 feet** of the subject property will be notified of the hearing by the Township.

## FOR OFFICE USE ONLY

**Received By:** _____ **Date** _____

**Fee $**_____ **Received By:** _____ **Date** _____

**Hearing Date:** _____

**Action:** _____ **Decision:** _____

## APPLICANT INFORMATION

**Contact Name:** _____

**Address:** _____

_____

*City* *State* *Zip Code*

**Email:** _____ **Phone:**_____

## PROPERTY INFORMATION

**Parcel Number:** _____ **Acreage:**_____

**Physical Address:**_____

**Current Zoning:** _____

**Property Dimensions** Height:_____ft Length:_____ ft



3461 BLUE STAR HIGHWAY P.O. BOX 100 SAUGATUCK, MI 49453
INFO@SAUGATUCKTOWNSHIPMI.GOV | (269) 857-7721 | WWW.SAUGATUCKTOWNSHIPMI.GOV

APPLICATION UPDATED OCTOBER 2025

Saugatuck Township

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## REQUEST INFORMATION

**Ordinance Section(s) Relative to this Appeal:** _____

_____

**Description of Request (attach additional sheets if necessary):** _____

_____

_____

_____

## DECISION-MAKING PROCESS

The **Zoning Board of Appeals (ZBA)** has the authority to affirm, reverse (wholly or partly), or modify an order, requirement, decision, or determination under appeal.
A decision may be reversed only if the ZBA finds that the action or decision being appealed:

- Was **arbitrary or capricious**;
- Was based on an **erroneous finding of a material fact**;
- Constituted an **abuse of discretion**; or
- Was based on an **erroneous interpretation** of the Township Zoning Ordinance or the Michigan Zoning Enabling Act.

## PETITIONER STATEMENT

**Describe how your petition meets the requirements above (attach additional sheets as needed):**

_____

_____

_____

## AGREEMENT

By signing below, I grant Township staff or authorized representatives thereof access to the property to conduct inspections as needed.

_____

*Applicant Signature* *Date*



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