



**BOARD OF CONSTRUCTION APPEALS
APPLICATION
City of Zeeland**

Community Development Department
21 S ELM ST - ZEELAND, MI 49464
Phone 616-772-0872 - Fax 616-772-0880
buildinginspector@cityofzeeland.com
www.cityofzeeland.com

Received by _____ Date _____ \$500 Fee _____ Check No _____

The City of Zeeland will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political belief.

Please submit this application, filled out completely, along with 10 copies of your site plan and related documents, and an electronic file which may be submitted by email to buildinginspector@cityofzeeland.com, and other information and materials as requested by the Zoning Administrator. Application fee of \$500 must be submitted along with this application (please make check out to "City of Zeeland"). The applicant or a representative is required to present the application at the Board of Construction Appeals meeting.

Address of property involved in this request: _____

Name of business at this location (if applicable): _____

Parcel Number: 70 - _____

I. OWNER INFORMATION

Property Owner	Contact
Email	Phone

II. CONTRACTOR INFORMATION

Company	Contact
Email	Phone

III. ARCHITECT INFORMATION

Company	Contact
Email	Phone

IV. APPLICANT INFORMATION

Applicant	Company		
Address	City	State	Zip
Email	Phone		

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Applicant Signature _____ Date _____

Code being appealed	Applicable section(s)	Paragraph(s)
<input type="checkbox"/> Building Code		
<input type="checkbox"/> Electrical Code		
<input type="checkbox"/> Mechanical Code		
<input type="checkbox"/> Plumbing Code		
<input type="checkbox"/> Property Maintenance Code		