



**RENTAL ZONING BOARD OF APPEALS APPLICATION**

Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Parcel Number: 051-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Zoning: \_\_\_\_\_

Ordinance Section Number (s) Relative to This Appeal: \_\_\_\_\_

Provide a brief description of your request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\* \$25.00 fee required

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Return completed application to:  
City Manager  
City of Hancock  
399 Quincy Street,  
Hancock, MI 49930