

BIRCH RUN TOWNSHIP
SIGN BOARD OF APPEALS (SBA)
Application for a Variance or Interpretation
Fee: \$650.00 Non-Refundable

Section I: Applicant Information

Name: _____

Address: _____

Cell #: _____ Home #: _____ Work #: _____

Section II: Property Owner Information (If not applicant)

Name: _____

Address: _____

Phone #: _____

Section III: Property Information

Parcel ID #: _____

The property in question is located at _____,

_____. Being legally described as:

Section IV: Previous Appeal

A previous appeal has () or has not () been made with respect to this property and this matter.

If yes, previous case # was _____, dated ___ / ___ / ____.

NEXT PARAGRAPH TO BE COMPLETED BY BUILDING OFFICIAL

Decision on previous appeal:

Section V: Reason(s) for Application (Please check)

Variance or Interpretation

- Any person allegedly aggrieved by a decision or interpretation of the building official or code enforcement officer relative to the placement, area, height and construction of a sign.

- Whenever the strict application of requirements from this ordinance may pose a demonstrable hardship or practical difficulty with regard to placement, area, height and construction of a sign.

Specifically state your request under this section (Attached additional documentation deemed pertinent):

Section VI: Authorization to Access Property

I (we), the legal owners of the property described in Section II above, do hereby grant the members of the Sign Board of Appeals and the Township employees or their agents or representative permission to access and review the site for the purpose of this appeal.

Signature of Property Owner

Date

Signature of Property Owner

Date

Section VII: Execution of Application

I (we), the above-named applicant(s), hereby make the aforementioned appeal to the Birch Run Township Sign Board of Appeals in accordance with Ordinance #2003-02 (Sign & Outdoor Advertising).

Signature of Applicant

Date

Signature of Applicant

Date

Section VIII: Representation at Public Hearing

I (we), the above-named applicant(s) cannot personally appear before the Sign Board of Appeals: and such, authorize _____ to be my (our) representation for the aforementioned appeals.

Signature of Applicant

Date

Signature of Applicant

Date

I have read the above application and understand that once the Sign Board of Appeals meeting has been scheduled, the administrative fee will not be refunded under any circumstances.

Signature

Date

***** FOR OFFICE USE ONLY *****

Date Received: _____

Fee Received: _____

Case #: _____

Public Notice placed in: _____ (Newspaper) on ___ / ___ / ____

Posted in Public Locations:

Notice mailed to property owners within 300' (Attach list of property owners) on: ___ / ___ / ____

Sign Classification: _____

Action by SBA:

