

TRI-CITY AREA JOINT AIRPORT ZONING BOARD OF APPEALS

MBS INTERNATIONAL AIRPORT  
8500 GARFIELD RD., SUITE 101, FREELAND, MICHIGAN 48623

PETITION FOR VARIANCE

**1. Applicant**

Name/Company/Organization: \_\_\_\_\_  
Contact Person for Application: \_\_\_\_\_ Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No. \_\_\_\_\_ Ext. \_\_\_\_\_  
Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Project/Structure**

Zoning Administrator Application/Permit Number: \_\_\_\_\_  
FAA Study No.: \_\_\_\_\_  
Description of Project/Structure: \_\_\_\_\_  
\_\_\_\_\_  
Proposed Height of Structure: \_\_\_\_\_  
Zoning Height Limit: \_\_\_\_\_  
Height of Structure Above Zoning Height Limit: \_\_\_\_\_  
(Attach Copy of Tri-City Area Joint Airport Zoning Permit Determination)

**3. Additional Information**

Attach a summary of request, activities involved and any other required or pertinent information as it pertains to any of the following criteria which will be used to substantiate a variance to the height zoning regulations.

- The regulated height would create an unnecessary hardship to the applicant.
- Special conditions and circumstances apply which are not applicable to other similarly situated property.
- The proposal will not create a substantial detriment to public good or impair the purposes of the intent of these regulations.
- The proposal will not create a substantial adverse effect on the utility of the airport covered under these regulations.

**4. Application Fee**

\$200 non-refundable fee for each permit application. Make check or money order payable to MBS International Airport.

**I hereby certify that the above and attached statements are true and correct and I have full power and authority to act on behalf of the Applicant's named firm, corporation or organization in the submission of this variance request.**

Printed Name of Authorized Representative: \_\_\_\_\_  
Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY APPEALS BOARD REPRESENTATIVE**

Appeals Board Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
Petition Status:      Approved     Denied     If denied, reason for denial: \_\_\_\_\_

(Forward Application & Determination to State of Michigan, Office of Aeronautics)