

**CONSTRUCTION BOARD OF APPEALS
CITY OF SOUTH HAVEN
BUILDING DEPARTMENT
539 PHOENIX STREET, SOUTH HAVEN, MICHIGAN 49090
FOR INFORMATION CALL 269-277-8573**

**Incomplete Forms Will NOT be
Approved or Processed**

Project Address: _____ **Tax ID 80-53-** _____

Applicant: _____ **Property Owner:** _____

Appl. Address: _____ **Owner Address:** _____

Applicant Phone: _____ **Owner Phone:** _____

Current Use of Property: _____ **Zoning District of Property** _____

Project Description: _____

Section of the Building Code requiring the variance: _____

Explain why the variance is needed and why it should be granted (use additional sheets if needed): _____

I hereby authorize the Zoning Administrator, Building Inspector or other authorized representative of the City of South Haven to enter and inspect the above property for the purpose of inspection of the premises.
AFFADAVIT: I certify and affirm that I am the property or building owner or owner's authorized agent and that I agree to conform to all applicable laws of this jurisdiction. I also certify that this application is accurate and complete. Section 23A of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of the state relating to persons who are to perform work on a residential structure. Violators of Section 23a are subject to civil fines.

OWNER'S SIGNATURE: _____ **DATE:** _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____