

WEST BRANCH TOWNSHIP
PO BOX 56
SKANDIA, MI 49885

Zoning Administrator:
Phone Number: _____

Case # _____
Fee: \$~~500~~ Paid: _____
Check #: _____
Date paid: _____

VARIANCE REQUEST APPLICATION
TO THE ZONING BOARD OF APPEALS

I. APPLICANT:

(NAME)

(ADDRESS)

(CITY, STATE, ZIP CODE)

PHONE: _____

1. The above applicant does hereby apply and does request a variance from Section _____ of the West Branch Zoning Ordinance, as amended, to permit:

2. Section _____ of the Zoning Ordinance states as follows:

3. Address of Property: _____

4. Legal description of the property for which this variance is requested or applicable: _____

5. The property is currently zoned? _____

6. The "practical difficulties" which justify the variance request consists of the following: Please describe the reasons that the provisions of the zoning ordinance cannot reasonably be met?

(1) _____

(2) _____

(3) _____

(4) _____

If the applicant is other than the owner of the property, both the applicant and the owner, or a duly authorized agent for the owner must sign the application request. The applicant is also required to pay a filing fee as set by the Township Board to offset the costs of processing the variance, complying with public notice requirements, and for the meeting of the Zoning Board of Appeals. The filing fee is non-refundable regardless of the outcome of the application.

(Applicant's Signature)

(Date)

(Owner's Signature)

(Date)