

WEST BRANCH TOWNSHIP
PO BOX 56
SKANDIA, MI 49885

Zoning Administrator:
Phone Number:

Rezoning # _____
Fee: \$100.00 Paid: _____
Check #: _____
Date paid: _____

**APPLICATION FOR AN AMENDMENT
TO THE ZONING ORDINANCE**

I. APPLICANT:

(NAME)

(ADDRESS)

(CITY, STATE, ZIP CODE)

PHONE: _____

1. I (we) the undersigned do request that the West Branch township Board approve the following application for a zoning amendment.

A. Text Amendment to amend Section _____ of the Zoning Ordinance by making the following change(s).

B. LANGUAGE PRESENTLY READS: _____

C. LANGUAGE REQUESTED TO BE ADDED OR AMENDED: _____

