WEST BRANCH TOWNSHIP PO BOX 56 SKANDIA, MI 49885

Zoning Administra	tor:
Phone Number:	

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

APPLICATION FOR AN AMENDMENT TO THE ZONING ORDINANCE

APP	PLICANT:	Minds of the second sec	
	(NAME)	tring in the time shall be extended and contain	
	(ADDRES	S)	
	(CITY, STATE, ZIP C	CODE)	
	PHONE:		
I (wapp	we) the undersigned do request that the We plication for a zoning amendment.	est Branch township Board approve the following	
A.	Text Amendment to amend Sectionchange(s).	of the Zoning Ordinance by making the following	
B.	LANGUAGE PRESENTLY READS:		
	Control and We have in the Control		
		The state of the s	
C.	LANGUAGE EQUESTED TO BE ADDE	ED OR AMENDED:	
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