

WEST BRANCH TOWNSHIP  
PO BOX 56  
SKANDIA, MI 49885

Zoning Administrator:  
Phone Number:

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

## REZONING APPLICATION

**I. APPLICANT:**

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP CODE)

PHONE: \_\_\_\_\_

1. I (we) do hereby request that the West Branch Township Board rezone the following described property from a current zoning classification of \_\_\_\_\_ to \_\_\_\_\_.

2. Legal description of property requested to be rezoned:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Adjoining zoning districts which abut this property are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The address of the property or Parcel Code number: \_\_\_\_\_

5. Present use of this property (vacant, agricultural, residential, commercial, specify use): \_\_\_\_\_

\_\_\_\_\_

6. State the reasons for requesting the proposed rezoning? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Are there any alternatives to the rezoning request to accomplish any specific proposal you may have? If yes explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Are there any positive impacts which will result from the proposed rezoning?

a. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

d. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Are there any negative impacts which will result from the proposed rezoning?

a. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. Have you attached any maps, surveys, site plans, and/or other information? \_\_\_\_ Yes \_\_\_\_ No. If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



11. What public services and/or facilities are needed to service the proposed rezoning? (Police, Fire, Refuse Collection, Etc.): \_\_\_\_\_

I understand that a public hearing is required to be held by the Planning Commission. I further understand that recommendations will be made by the Zoning Administrator, the West Branch Township Planning Commission and the Marquette County Planning Commission to the Township Board. I further understand that the Township Board makes the final decision in this process and the rezoning amendment must be approved by a majority of the Board membership. In addition, the Township Board must vote to publish the proposed rezoning amendment once before final adoption at a subsequent meeting.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)