

WEST BRANCH TOWNSHIP
PO BOX 56
SKANDIA, MI 49885

Zoning Administrator: _____
Phone Number: _____

Case # _____
Fee: \$50.00 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: _____

