

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)