

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: \_\_\_\_\_

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