



121 North Fourth Street, West Branch, Michigan 48661
Phone 989-345-0500, Fax 989-345-4390, e-mail citymanager@westbranch.com
The City of West Branch is an equal opportunity provider, employer, and lender

APPLICATION TO CHALLENGE ZONING DECISION

Name of Applicant _____

Address _____

Phone Number _____ Email Address _____

If application is completed by a person other than the owner of the property in question, please use the back of this form to state the interest the applicant has in the property, and also indicate whether the applicant has permission from the property owner to challenge a zoning decision on the property owner's behalf.

Property address/location _____

Description of initial zoning request _____

Reason initial zoning request was denied _____

Action requested:

- Appeal of decision to higher board [\$250 fee]
- Special use permit [\$250 fee]
- Variance [\$250 fee]
- Amendment to zoning ordinance [\$250 fee]

By signing below, I, the aforementioned applicant, do hereby certify that all foregoing statements and attached supporting documents, including site plans, are true and correct, to the best of my knowledge.

Signature of Applicant

Date

Fee Paid \$ _____

Fee Received By _____

For Office Use Only

Date Paid _____ Final Disposition _____