



City of West Branch

121 North Fourth Street • West Branch, Michigan 48661
(989) 345-0500 • Fax (989) 345-4390 • e-mail: cityhall@westbranch.com

ZONING APPLICATION

Date _____

Name _____

Address _____

Phone Number _____

If application is by person other than owner of property involved, state interest(s) in property and authority to apply for requested action on reverse side of this form.

Action requested:

- Appeal Proceeding - \$150.00
- Ordinance Amendment - \$150.00
- Special Use Permit - \$150.00

Property description: _____

Property address: _____

Reason for request*: _____

*Attach site plans and other supporting evidence for request.

I certify that to the best of my knowledge and belief the foregoing statements are true and correct.

Signature

For Office Use

Fee Paid \$ _____

Disposition:

Date Paid: _____

Received by: _____



"City with a Smile!"