APPLICATION FOR VARIANCE TO EXISTING ZONING CRITERIA
WEST BRANCH TOWNSHIP, OGEMAW COUNTY, MICHIGAN

Web Page: www.westbranchtownship.org

VARIANCE REQUEST NUMBER VR-_____

Applicant's Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone Number: ( ) _____

Description and reason of requested variance: _____
_____

Property Address: _____
(If different from the applicants address)

Parcel Number: 65-014-____-_____-_____ Present Zoning: _____

I (we) hereby authorize any Township Official, or their representative, to perform a site visit to the property described above.

_____ _____
Applicant's Signature Date

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FOR OFFICIAL USE ONLY

DATE APPLICATION FILED: _____

PRELIMINARY REVIEW DATE: _____ PUBLIC HEARING DATE: _____

FEE AMOUNT: $_____ DATE FEE PAID: _____ RECEIPT # _____

DATE APPROVED/DENIED: _____; ____ APPLICATION APPROVED AS PER DATA SUBMITTED;

____ APPLICATION APPROVED AS PER DATA SUBMITTED WITH THE ATTACHED STIPULATIONS.

APPLICATION PROCESS:

1. The application shall be, in seven (7) copies with a detailed site plan to scale, on 8 ½ X 11 inch paper, showing the dimensions of property, dimensions of all existing structures and distances to property lines from each structure. Locations of well, septic tank and drain field. Description of any unusual topography. Names and addresses of neighboring property owners. ***Indicate, on the site plan & at the property site, the location of the Surveyor's marked property corners & where the variance is located.*** The above requirements must be submitted to the Zoning Board of Appeals clerk, **on or before 4 p.m., the Friday 21 days prior to the scheduled meeting, normally held on the first Monday of the month.**

2.NOTICE: Variances are normally not granted unless there is a hardship, NOT caused by the property owner's actions.