

BRANT TOWNSHIP, SAGINAW COUNTY

FINAL DECISION AND FORM MINUTES OF THE BRANT TOWNSHIP
ZONING BOARD OF APPEALS

For an appeal by right of this decision to be timely, it must be made to the circuit court for the county in which the property is located within thirty (30) days of this order. (MCL 125.3606)

Appeal Number: _____

Hearing Date: _____

Applicant: _____

Address: _____

Phone / Fax #: _____

Type of Request to ZBA (variance, interpretation of zoning map, administrative appeal, other -
Please specify): _____

ZBA Findings of Fact: _____

ZBA decision: _____

Reasons for Decision: _____

Votes of ZBA Members:

(Yes) (No) _____

(Yes) (No) _____

(Yes) (No) _____

(Yes) (No) _____

(Yes) (No) _____

Signature(s) of Designated ZBA Member(s)

I, _____, Secretary of the Brant Township Zoning Board
of Appeals, certify that on this date I witnessed the signatures set forth above and attest to the
accuracy of this final decision report
