

*A Variance expires 6 months after approval if work has not commenced*

BATH TOWNSHIP BUILDING & ZONING  
BOARD OF ZONING APPEALS APPLICATION

<b>OFFICE USE ONLY</b>	
Submitted: _____	
Appeal #: _____	
Action Taken: _____	
Date: _____	
Check #: _____	

Date Filed: \_\_\_\_\_

Appellant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Name (if different) \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**PROPERTY INFORMATION**

Address of Subject Property: \_\_\_\_\_

Legal Description of Subject Property: \_\_\_\_\_

List All Deed Restrictions: \_\_\_\_\_

**ACTION REQUESTED**

The appellant hereby requests a hearing before Bath Charter Township Board of Zoning Appeals for the purpose indicated below:

ORDINANCE OR  
MAP INTERPRETATION

VARIANCE

APPEAL FROM  
ADMINISTRATIVE DECISION

**DETAILS OF REQUEST**

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

**ZONING ORDINANCE SECTION:** \_\_\_\_\_

I understand that if the requested appeal is granted I am in no way relived from all other applicable requirements of the Bath Township Zoning Ordinance.

Appellant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A scaled site drawing must accompany this application indicating lot lines, easements, existing buildings and structures, driveways, and proposed construction, if any. Please submit seven (7) copies.