

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

BATH TOWNSHIP BUILDING & ZONING
BOARD OF ZONING APPEALS APPLICATION

OFFICE USE ONLY	
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.