

Certification of Zoning Compliance

Marie Howe
Supervisor

Brenda Bulter-Challendar
Clerk

Steve Wiswasser
Treasurer

Karen Hildebrant
Superintendent



Joe Benzie
Trustee

Jason Almerigi
Trustee

Ryan Fewins-Bliss
Trustee

Allen Rosekrans
Trustee

APPLICANT INFORMATION

Applicant Name: _____

Current Address of Applicant: _____

Phone Number: _____ Cell Number: _____

Interest in Property (owner, tenant, option, etc.): _____

Contact Person: _____ Contact Email: _____

Contact Phone Number: _____ Contact Cell Number: _____

Note: If applicant is anyone other than owner, request must be accompanied by a signed letter of authorization from the owner.

PROPERTY INFORMATION

Owner: _____

Property Address: _____

Tax I.D.: _____ Parcel Number(s): _____

Owner Email: _____

Phone Number: _____ Cell Number: _____

Legal Description: If in a Subdivision: Subdivision Name: _____ Lot Number: _____

Site Condominium: _____ Lot Number: _____

Note: If Metes and Bounds, Please Provided on Separate Sheet

APPLICANT CERTIFICATION

By execution of this application, the person signing represents that the information provided and the accompanying documentation is, to the best of his/her knowledge, true and accurate. In addition, the person signing represents that he or she is authorized and does hereby grant a right of entry to Township officials for the purpose of inspecting the premises and uses thereon to verify compliance with the terms and conditions of approval issued as a result of this application.

Signature: _____ Date: _____

14480 Webster Road P.O. Box 247 Bath, MI 48808
Phone: 517-641-6728 Fax: 517-641-14170

Fee \$50

REQUEST DESCRIPTION

Written Description

Please use this section to describe the Land Use(s) or Site Plan proposed. Attach additional pages if necessary: _____

Available Services (please check all that apply)

Public Water: _____
Public Sanitary Sewer: _____

Public Storm Sewer: _____
Paved Road (Asphalt or Concrete): _____