

BATH CHARTER TOWNSHIP REZONING APPLICATION



Applicant Information

Name: _____

Address: _____

Phone: _____ Email: _____

Owner Information

Name: _____

Address: _____

Phone: _____ Email: _____

Property Information

Address of Property for the proposed rezoning: _____

Parcel Number (s) for the proposed rezoning: _____,

_____, _____.

Size of Parcel (Acres, square foot, etc.): _____

Legal Description

List of ALL Deed Restrictions

1)

2)

3)

4)

Rezoning Request Information

Current Zoning: _____

Requested Zoning: _____

Reason for Request: _____

Is the request in conformance with the Bath Township Comprehensive Plan? (if yes, why?)

Yes, because: _____

No

Property Owner's Signature: _____ **Date:** _____

Applicant's Signature: _____ **Date:** _____