



Certification of Zoning Compliance

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

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 Storm Sewer: _____

Public Sanitary Sewer: _____

Paved Road (Asphalt or Concrete): _____

14480 Webster Road P.O. Box 247 Bath, MI 48808

Phone: 517-641-6728 Fax: 5176414170

Fee \$50

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: _____