

BAY CITY Planning Commission
REZONING APPLICATION

Bay City Planning Division, 301 Washington Ave., Bay City, MI 48708

989/894-8180

FAX 989/894-8213

Case # _____

Check # _____

Amount \$ _____

Property Location:

Street Address _____

City _____ State _____ Zip _____

Applicant:

Name _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Email _____

Property Owner (If different from Applicant):

Name _____ Home Phone _____

Address _____

City _____ State _____ Zip _____

Project Information:

Existing Zoning: _____

Proposed Zoning: _____

Existing Use of Property: _____

Existing Use of Property: _____

As an illustration of this request, I/ We have attached a plot plan(s) of the premises drawn to scale showing the location of all existing and proposed structures, improvements, and uses on the property as well as any information required by ordinance.

I/ We understand and agree, upon execution and submission of this application, that I/ we agree to abide by all provisions of the Bay City Zoning Ordinance as well as all procedures and policies of the Bay City Planning Commission as those provisions, procedures, and policies relate to the handling and disposition of this application; that the above information is true and accurate to the best of my/ our knowledge.

Applicant Name (printed) _____ Signature _____ Date _____

Property Owner (printed) _____ Signature _____ Date _____

The completed application with all required materials must be received no later than the Filing Deadline date as indicated on the Hearing Schedule.

I certify that I have reviewed the application and that it is complete with all required materials attached.

Staff signature _____ Date _____