For Office Use
\$200.00 Application Fee
Contact the Planning Office for number of plans required

CITY OF BATH APPLICATION for CONTRACT REZONING

Property address:			
Property owner's name:			
Property owner's address:			·
Applicant's name	_		ı
Applicant's address (if different than owner)			
Applicant's email			_
Interest in property: (must be owner, option holder, less	ee, etc.)		
Size of property:	Portion deve	eloped at this time:	
Present Zoning of parcel:	Мар:	Lot:	
Attach a statement explaining how contained in Land Use Code Section	•	complies with the Mandatory Con	nditions
Attach a list of the discretionary co Section 8.20, D, 2.	onditions being	proposed according to Land Use	e Code
Procedures and requirements for C City's Land Use Code, which is ava		•	of the
The Planning Board meets to rev project to be scheduled for review, Office four weeks prior to the direcommendation to the City Council	we must have t ate of the mee	the complete application in the <u>Place</u> eting. The Planning Board will m	<u>anning</u>
Applicant signature:			
Telephone number:		Date:	