



REZONING APPLICATION

Planning & Zoning Dept. – City Hall
 301 Washington Ave • Suite 211 • Bay City • MI 48708
 www.baycitymi.org • 989-894-8177 • tmoultane@baycitymi.org

Case No. _____

Fee: **\$800.00**

Pmt Rcvd: _____

Applications, filing fees, site plans and other materials required by Chapter 122 (Zoning) of the City Code must be submitted by or before filing deadlines indicated on the Bay City Planning Commission meeting schedule. Incomplete applications will not be processed.

Address of Property

Street Address: _____

Applicant

Name: _____
 Address: _____ Cell: _____
 City: _____ State: _____ Zip: _____ Telephone: _____
 Email: _____

Property Owner (required if applicant does not own the property subject to this application)

Name: _____
 Address: _____ Cell: _____
 City: _____ State: _____ Zip: _____ Telephone: _____
 Email: _____

Project Information

Current Use of Property: _____

 Proposed Use of Property: _____

I/we attest and affirm that all information provided on this application is true and accurate to the best of my/our knowledge and belief.

_____	_____	_____
Applicant Name (printed)	Signature	Date
_____	_____	_____
Property Owner Name (printed)	Signature	Date