CITY OF BATH APPLICATION for CONTRACT REZONING

| Property address: | | |
|----------------------------------------------------------------|------------------|------------------|
| Property owner's name: | | |
| Property owner's address: | | |
| Applicant's name | | |
| Applicant's address(if different than owner) | | |
| Interest in property: (must be owner, option holder, lessee | e, etc.) | |
| Size of property: | Portion develope | ed at this time: |
| Present Zoning of parcel: | Map: | Lot: |

Attach a statement explaining how this request complies with the Mandatory Conditions contained in Land Use Code Section 8.20, D, 1.

Attach a list of the discretionary conditions being proposed according to Land Use Code Section 8.20, D, 2.

Procedures and requirements for Contract Rezoning are contained in Section 8.20 of the City's Land Use Code, which is available in the City Clerk's Office. With this application form, <u>submit 15 copies of any other materials</u>.

The Planning Board meets to review projects the first Tuesday of each month. For a project to be scheduled for review, we must have the complete application in the <u>Planning</u> <u>Office</u> **four weeks** prior to the date of the meeting. The Planning Board will make a recommendation to the City Council, which will take final action.

| Applicant signature: | |
|----------------------|-------|
| Telephone number: | Date: |