

**OFFICE USE ONLY**

Contact the Planning Office for the number of plans required \_\_\_\_\_  
\$75.00 Minimum \_\_\_\_\_

**CITY OF BATH  
SITE PLAN AMENDMENT APPLICATION**

Applicant Name: \_\_\_\_\_  
[Applicant must own the property, or have an option or purchase and sales agreement to buy the property.]

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Property owner if different:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant's interest in property: \_\_\_\_\_  
(owner, option holder, lessee, etc.)

Size of parcel: \_\_\_\_\_

Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Zoning: \_\_\_\_\_

Supporting materials (other than the Site Plan) submitted: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of Original Approval: \_\_\_\_\_

Amendment Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The undersigned certifies that all information and materials submitted are true and accurate to the best of their knowledge, and understands that falsification or misrepresentation of any aspect of the project may cause the review process to be terminated or nullify any approvals granted.

Applicant name (printed or typed): \_\_\_\_\_

Applicant signature: \_\_\_\_\_