



**Application for Rezoning
\$50 Fee**

Applicant

Name _____

Mailing Address _____

Telephone Number _____ Email Address _____

Property Owner (if other than Applicant)

Name _____

Mailing Address _____

Telephone Number _____ Email Address _____

Property Information

Address _____

Tax Map Number _____ Existing Zoning _____

Current Use of Property _____

Acres: _____ Lot Dimensions _____

Property Characteristics

Property Size _____ acres

Proposed Zoning: _____ Proposed Use of Property _____

Reasons for request/supporting information and justification to be listed in the staff's report and evaluation _____

CHECKLIST

_____ \$ _____ Fee
_____ seven (7) copies of the current plat of the property
_____ a legal description of the property

I certify that all of the information presented by me in this application is accurate to the best of my knowledge and belief.

Signature _____ Date _____

For Office Use Only

Completed Application Received _____

PC Approved _____ PC Disapproved _____

Fee \$ _____

City Council 1st Reading _____

City Council 2nd Reading _____

Approval Signature: _____

Application Number _____

Date of PC Meeting _____

Date of Public Hearing _____

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