



Change of Zoning Application

This is an application for change of zoning classification (rezoning). This form must be completed and filed with the Zoning Administrator in accordance with the instructions on the accompanying sheets.

AN INCOMPLETE APPLICATION CANNOT BE ACCEPTED.

1. Name of applicant(s), owner(s) and/or their agent(s). All owners of all property requested to be rezoned must be listed on this form.

A. Applicant/Owner _____

 Address _____ Phone _____
 Agent _____
 Address _____ Phone _____

B. Applicant/Owner _____

 Address _____ Phone _____
 Agent _____
 Address _____ Phone _____

C. Applicant/Owner _____

 Address _____ Phone _____
 Agent _____
 Address _____ Phone _____

2. The applicant hereby requests an exception as a conditional use permit for the purpose of establishing a _____
 _____ on property
 legally described as Lot(s) _____ Block(s) _____ of the
 _____ Addition

Metes and Bounds Descriptions:

3. The dimensions of the property are _____ feet by _____ feet and _____ acres or _____ square feet in area.

4. The property address is: _____

5. I request this change in zoning for the following reasons: _____

6. We/I understand that this application cannot and will not be processed unless it is completed in its entirety with accurate and reliable information. This application must also be accompanied by the appropriate fee of \$75.00.

Signature of Record Land Owner: (Use separate sheet if necessary for names of additional owners/applicants.)

(Owner)

(Owner)

(Owner)

(Owner)

Authorized Agent (if any)

Authorized Agent (if any)

Office Use Only:

This application was received by the Zoning Administrator at _____ (____.M.) on _____
_____. It has been checked and found to be completed and accompanied by required documents and the appropriate fee of \$75.00.

Terry R. Jones – Zoning Administrator

Date of Public Hearing: _____

Date of Approval/Disapproval by Planning Commission: _____

Date of Recommendation to the City Council: _____

Date of City Council Action: _____