APPLICATION FOR REZONING

Case # _________________________
Hearing Date ________________
Date Filed ________________
Approved/Disapproved

This is an application for change of the Zoning Map. The form must be completed and filed in the Planning and Zoning Department in accordance with directions on the accompanying instruction sheet.

AN INCOMPLETE APPLICATION CANNOT BE ACCEPTED

1. Name of applicant or applicants (owner(s) and/or their agent or agents). All owners of all property requested to be rezoned must be listed in this form.
   a. Applicant/Owner ____________________________________________
      Address ____________________________________________ Phone ____________
      Agent ________________________________________________
      Address ____________________________________________ Phone ____________
      (Use separate sheet if necessary for additional owners/applicants.)

2. The applicant hereby requests a change of zoning from _____ zoning district to _____ zoning district for property legally described as (may attach copy of typed legal description of property if available):
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. The general location is (use the appropriate section):
   a. Street Address: __________________________________________ and
      located at the ________ (NW, NE, SW, SE) corner of ________________
      and ______________________________________________________
      OR
   b. Street Address: __________________________________________ and
      located on the ________ (N, S, E, W) side of ______________________
      between ______________________ and ______________________

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§ 425.010 Development Regulations § 425.010


a. Future land use map ____________________________________________

b. Major streets: _________________________________________________

5. (We), the applicant(s), acknowledge receipt of the instruction sheet explaining the method of submitting this application. I (We) realize that this application cannot be processed unless it is completely filled out, accompanied by the warranty deed showing ownership, a map showing the area to be rezoned, a list of property owners within one hundred eighty-five (185) feet and the appropriate fee as required on the fee chart.

Owner _________________________________________________________

By ___________________________________________ By_______________

Authorized Agent (if any) Owner

________________________________________

OFFICE USE ONLY:

This application was received at the Planning and Zoning office at _________ (A.M.) (P.M.) on ____________________________ (day, month, year). It has been checked and found to be complete and accompanied by required documents and the appropriate fees.

$ ____________________ Filing Fee

$ ____________________ Certified Mailing (when required)

$ ____________________ Total

________________________________________

Name

________________________________________

Title

Number of protest petitions filed__________ % of land____

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