

REZONING APPLICATION

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

OWNER NAME: _____

ADDRESS OF PROPERTY: _____

LEGAL DESCRIPTION: _____

REQUEST REZONING FROM _____

TO _____

REASON FOR REZONING APPLICATION AND THE NATURE AND OPERATING CHARACTERISTICS OF THE PROPOSED USE: _____

NOTE: ANY GRAPHIC INFORMATION, INCLUDING SITE PLANS, ELEVATIONS, OTHER DRAWINGS, OR OTHER MATERIALS DETERMINED BY ZONING ADMINISTRATOR TO BE NECESSARY TO DESCRIBE THE PROPOSED USE TO THE PLANNING AND ZONING COMMISSION AND/OR THE CITY COUNCIL WILL BE INCLUDED WITH THIS APPLICATION.

PLEASE SUBMIT THE \$250.00 APPLICATION FEE WITH THIS REQUEST.

SIGNATURE OF OWNER

DATE: _____