

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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**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 \$50.00 APPLICATION FEE WITH THIS REQUEST.

\_\_\_\_\_  
SIGNATURE OF OWNER

DATE: \_\_\_\_\_