

REZONING APPLICATION

Date Submitted: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Telephone Number: _____

Zoning District Requested: _____

Property Description: _____

Present Zoning District: _____

Property Owner's Name: _____

Property Owner's Address: _____

Property Owner's Telephone Number _____

Description of Project: _____

I have read the above application and know the content thereof, certifying the same to be true and correct. I further state that I am familiar with the laws governing zoning districts and the penalties for non-compliance. I understand that the Planning & Zoning Commission could require additional information, which must be submitted before the application is consider.

Signature

FEE OF \$200.00 PAID — DATE _____

PUBLIC HEARING PUBLICATION DATE _____

PUBLIC HEARING DATE P & Z _____ BOA _____

DATE APPROVED BY PLANNING & ZONING COMMISSION _____