

APPLICATION

Rezoning Request (City)



APPLICANT INFORMATION:			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		

PROPERTY INFORMATION:				
<i>Tax Map Information</i>	Tax map:	Group:	Parcel:	Lot:
Street Address			Apartment/Unit #	
Current Zone		Proposed Zone		
Current Use		Proposed Use		

DISCLAIMER AND SIGNATURE

By signing below I state that I have read and understand the conditions of this application and have been informed as to the location, date and time of the meeting in which the Planning Commission will review my application. I further state that I am/we are the sole and legal owner(s) of the property described herein and that I am/we are requesting that the current zoning be changed.

Signature	Date
<p>Signed before me on this _____ day of _____, 20____,</p> <p>a notary public for the State of _____</p> <p>County of _____.</p> <p>Notary _____</p> <p>My Commission Expires _____</p>	

CITY PLANNING OFFICE	
Received Date:	Received By:
Application Fee Paid:	
Planning Commission Meeting Date	
Board of Mayor and Alderman Meeting Date	
Previous requests or file numbers	
Signature of City Planner	Date