



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 |
|-----------|------|

Signed before me on this _____ day of _____, 20____,
 a notary public for the State of _____
 County of _____.

Notary _____
 My Commission Expires _____

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 |