



Case No. Rezoning _____

Date Filed _____

APPLICATION FOR REZONING REQUEST

To be completed by applicant:

Property Owner			Representative		
Name: _____			Name: _____		
Address: _____			Address: _____		
City	State	Zip	City	State	Zip
Telephone: _____			Telephone: _____		
Email: _____			Email: _____		

Information regarding the property site:

Street Address: _____

Tax Map: _____ Group: _____ Parcel: _____ Lot: _____

Current Zone: _____ Proposed Zone: _____

Current Use: _____ Proposed Use: _____

By signing below, I confirm and understand the conditions of this rezoning application. I have been informed of the date, time, and location of the Planning Commission meeting. I am/we are the sole and legal owner(s) of the property listed in this application. I am/we are requesting that the current zoning change.

Signature of Property Owner

Date

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

Notary Signature _____

My Commission Expires _____

