

Application for Zoning Amendment

Date: _____

Application is hereby made for the re-zoning from _____ to _____ in accordance with the description and for the purpose stated in this application. This application is subject to all local and state laws and ordinances and which are agreed to by the undersigned.

Name of Owner: _____ Telephone # _____

Mailing Address: _____

Agent's Name: _____

Agent's Telephone #: _____

Agent's Mailing Address: _____

Description of Property: (Tax ID) _____

Property Street Address: _____

Current Use: _____

Proposed Use: (Why is this rezoning being requested? If rezoned, what will this land be used for?)

I here agree to provide maps, scale drawings, and a legal description of the land and existing buildings with this application.

Signature of owner/authorized agent: _____

This application is approved/disapproved on _____ day of _____, 20____.

Zoning Administrator

Note: This is not a Use Permit.
Application for a Zoning Permit must be filed and approved before this property can be used for the proposed use.

