For Office Use Only

Fee's Paid_____Public Notice Signs Fee Paid_____
$39 each

Verifications

Land Use Plan_____

REZONE APPLICATION

Date Submitted: _____

APPLICANT:

Name: _____ **Phone No:** _____

Fax: _____ **Email**_____

Firm: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

PROPERTY OWNER:

Name: _____ **Phone No:** _____

Fax: _____ **Email:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

PROPERTY DETAILS

Project Name (if applicable): _____

Location of Property: _____

Street Address: _____

Subdivision/Lot: _____

Map(s) _____ Parcel(s) _____

Legal Description (Metes and Bounds):
Attach Property Survey

_____

_____

_____

_____

_____

****Attach current name and mailing address for ALL adjacent property owners to application.***

_____ Total Acreage

_____ Present Zoning _____ Requested Zoning

_____ Present Land Use _____ Requested Land Use

Reason/Justification for this request:

_____

_____

_____

_____

_____

_____

Applicant's Signature **Date**

***By signing below, I (we) herby certify that I am (we are) the owners of the property shown and described above. I (we) agree to pay ALL required cost affiliated with this application.**

_____

Owner's Signature Printed Name Date