

REQUEST FOR REZONING

Name: _____

Address: _____

Phone: _____

Date: _____

Do you own the property for which you are requesting rezoning? _____

Location of property for which you are requesting rezoning: _____

Circle the current classification of property to be rezoned:

R-1 R-2 R-3 R-4 B-1 B-2 I-1

Circle the classification you are requesting:

R-1 R-2 R-3 R-4 B-1 B-2 I-1

Please list the dimensions of the property to be rezoned: _____

Reason for rezoning request: _____

NOTE: ALL REZONING REQUESTS MUST BE ACCOMPANIED BY:

1. LEGAL PROPERTY DESCRIPTION.
2. PROOF OF OWNERSHIP.

Applicant's Signature

Date

DO NOT WRITE BELOW THIS LINE

Amount paid: _____

Reviewed by board on: _____

Date paid: _____

Request approved on: _____

Receipt No. _____

Request denied on: _____