

APPLICATION FOR CHANGE IN ZONING

Date Filed: _____ Hearing Date: _____

Applicant Name: _____

Address _____ Telephone No. _____

Present Owner: _____

Present Land Use: _____

Present Zoning: _____

Proposed Land Use: _____

Proposed Zoning: _____

Property Legal Description: _____

Present Use of Property:

Desired Use of Property:

Adjoining Property Use:

North _____ South _____

East _____ West _____

If Change is Granted, How Will it Effect Adjoining Property:

Reasons for Request

Applicant's Signature: _____

- (1) This form must be filed fifteen (15) days prior to the Planning Commission Meeting
- (2) This form must be accompanied by a check in the amount of \$35.00
- (3) This form must be accompanied by the names and address of all property owners within a 300' radius of the property being rezoned.