

Rezoning Application

1. APPLICANT

☐ is the owner ☐ has an option to purchase ☐ is buying on land contract

Name _____ Street Address _____

City _____ State _____ Zip Code _____ Cell Phone _____

Home Phone _____ Email Address _____

2. PROPERTY DESCRIPTION

Property Address: _____ Sidwell No: _____ Acreage: _____

Property is located on the _____ side of _____ Road between _____ and _____ Roads.

3. REZONING REQUEST

It is requested that the above described property be rezoned from _____ to _____.

4. EXPLAIN REQUEST

State why the change is necessary for the preservation and enjoyment of substantial property rights and why such change will not be detrimental to public welfare nor the property of any other persons in the vicinity.

5. INTENDED USE

If rezoned, describe the intended use of the property and all structures, and any conditions of approval you wish the Planning Commission/City Council to consider.

6. LEGAL OWNER

Name _____ Street Address _____

City _____ State _____ Zip Code _____ Cell Phone _____

Home Phone _____ Email Address _____

7. DESIGNATED AGENT FOR APPLICANT

Name _____ Street Address _____

City _____ State _____ Zip Code _____ Cell Phone _____

Home Phone _____ Email Address _____

8. SIGNATURES REQUIRED

Applicant Signature: _____ Date: _____

Legal Owner Signature: _____ Date: _____

Designated Agent Signature: _____ Date: _____

9. ATTACHMENTS REQUIRED

- ☐ Documentation verifying ownership or interest in property (i.e. warranty deed, land contract, lease, etc.).
- ☐ Legal description.
- ☐ Legible and reasonably accurate location sketch. Identify boundaries of area requested for rezoning and nearest streets and mile section roads. North shall point up.
- ☐ Submit any site, landscaping, signage, and/or elevation plans that may assist in this review.
- ☐ **APPLICATION FEE: \$225. Add consultant fee plus 10% , if applicable.**