



APPLICATION FOR ZONING AMENDMENT

APPLICATION REQUIREMENTS

FEE: \$150.00

DEED WITH LEGAL DESCRIPTION AND PLAT

APPLICATION MUST BE IN THE NAME/NAMES ON DEED AND SIGNED BY ALL OWNERS

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

PROPERTY INFORMATION

LOCATION & ADDRESS OF AREA TO BE REZONED: _____

PRESENT ZONING _____

REQUESTED ZONING _____

PREVIOUS REQUESTS FOR REZONING THIS PROPERTY: _____

FROM: _____

TO: _____

DATE: _____

ACTION TAKEN BY CITY COUNCIL: _____

The property will be used for and have the following building, parking, and other improvements constructed: _____

The existing zoning is unreasonable because: _____

The proposed amendment would materialize in an equal or better zoning than existing because: _____

Would the rezoning and subsequent development of this property place a burden on the city and nearby area in terms of providing public facilities? _____

Would the rezoning and subsequent development of this property create any hazards or nuisances? _____

Your signature indicates this application is completed and attachments are true and accurate to the best of your knowledge.

DATE _____

SIGNATURE OF APPLICANT _____

FOR CITY USE ONLY

FEE PAID _____

DATE OF PUBLIC HEARING ADVERTISED IN NEWSPAPER _____

CITY COUNCIL ACTION _____