

CHANGE OF ZONING

- 1) APPLICANT _____ PHONE (____) _____
ADDRESS _____
NAME OF AGENT (if any) _____ PHONE (____) _____
ADDRESS _____
 - 2) THE APPLICANT HEREBY REQUESTS A CHANGE OF ZONING FROM _____
ZONING DISTRICT TO _____ ZONING DISTRICT.
PROPERTY ADDRESS: _____
LEGAL DESCRIPTION OF PROPERTY: _____

 - 3) PRESENT USE OF PROPERTY _____
 - 4) SURROUNDING LAND USE AND ZONING:

LAND USE	ZONING
NORTH _____	_____
SOUTH _____	_____
EAST _____	_____
WEST _____	_____
 - 5) REASON FOR REQUESTING THIS CHANGE IN ZONING? _____

- (CONTINUE ON SEPARATE SHEET IF NECESSARY)
- 6) WILL THE CHANGE BE CONSISTENT WITH THE INTENT OF THE COMPREHENSIVE PLAN
AND THE FUTURE LAND USE MAP? _____

 - 7) ADDITIONAL COMMENTS _____

The owner/applicant/agent hereby declares that all information above is true to the best of his/her knowledge, that all conditions and standards set out in the Zoning Regulations pertaining to this use have been met or have been proposed to be met and that along with this application sketch maps, drawings or survey and the appropriate filing fee have been submitted.

APPLICANT

AUTHORIZED AGENT

Signature

Signature

Date

Date

(Applicant or his legal representative must be present at the hearing or the matter will be tabled.)

DISCLAIMER: THIS PERMIT WAS REVIEWED AND CONSIDERED BASED UPON THE INFORMATION PRESENTED AT THE TIME OF THE HEARING. IF ANY OF THE INFORMATION PRESENTED FOR CONSIDERATION IN DETERMINING THE GRANTING OF THIS PERMIT IS INCORRECT OR FALSE, THIS PERMIT BECOMES NULL AND VOID.

-----FOR OFFICIAL USE ONLY-----

Case No: _____
Date Filed: _____
Fee Paid: _____
Received by: _____
Date Published: _____
Date Notices Sent: _____
Public Hearing Date: _____

PLANNING COMMISSION RECOMMENDATION _____

REASON (S) RECOMMENDATION _____

PROTEST PETITION FILED? _____

GOVERNING BODY ACTION _____

DATE: _____

VOTE: _____

IF APPROVED, RESOLUTION/ORDINANCE NO: _____

EFFECTIVE DATE: _____