

REZONING APPLICATION

Date Filed _____
Fee Paid _____

Directions: Please complete the following application and provide all required information. Incomplete applications will not be considered. More information should be provided if it will benefit the decision making process.

PART I:

Tax Parcel # of Property to be Rezoned: 31 241 _____
Address of Property to be Rezoned: _____

Name of Owner (s) : _____

Mailing Address of Owner (s) : _____

PART II:

Description of Property: _____

Reasons for Request to Rezone: _____

Specify the Proposed Use: _____

Describe the Compatibility of the Proposed Use With the Existing Uses Within the Surrounding Area: _____

Attach the Following to the Application Form:

- Plot Plan drawn to a scale of 1" equals 100' showing the area proposed to be rezoned, its location, its dimensions, the location and classification of adjacent zoning districts, and the location and existing use of all properties within 200' of the area proposed to be rezoned.
- Owners Names and Addresses of all properties lying within 100' of the area proposed to be rezoned.

SIGNATURE OF APPLICANT

DATE OF APPLICATION