



ZONING CHANGE REQUEST APPLICATION

Fee \$350

Applicant: _____ Phone: _____

Mailing Address: _____

Phone: _____ Fax: _____

Owner's name if different: _____

General Location of Property: _____

Legal Description of Property: _____
(Attach complete metes and bounds)

Current Zoning Designation: _____

I hereby request that the Zoning Designation be changed to: _____

Existing Use: _____ Proposed Use: _____

Contact Email: _____

I certify that the information concerning this proposed zoning change is true and correct and that I am the owner of record or the authorized agent¹ for the owner of the above described property.

Applicant Signature _____ Date _____

Application Complete _____
Fee Paid _____
Date to appear P&Z _____ Council _____

Received by _____
(Time/date stamp)

¹ A notarized statement that authorizes the agent to represent the owner in this matter must be attached to this application.