APPLICATION FOR AMENDING THE ZONING MAP (REZONING)

DATE PAID _____
HEARING DATE _____

$250.00 FEE
NON-REFUNDABLE

APPLICANT'S NAME _____

MAILING ADDRESS _____

_____

E-MAIL _____

APPLICANT'S PHONE _____

LOCATION OF SUBJECT PROPERTY _____

DO YOU OWN THE PROPERTY? _____

NUMBER OF ACRES INVOLVED _____

CURRENT ZONE OF PROPERTY _____

REQUESTED ZONE _____

PROPOSED USE FOR NEW ZONE, IF APPROVED _____

_____

_____

_____

Attach all required items from checklist sheet, incomplete applications cannot be accepted.

_____
SIGNATURE OF APPLICANT