



REZONING APPLICATION

Plan and Zone Commission

Property Address _____

Rezoning Request From _____ To _____

Legal Description of Property _____

Applicant Name _____

Address _____

Phone Number _____

Email Address _____

Main Contact Person _____

Title Holder's (If different than applicant)

Name _____

Address _____

Phone Number _____

Signature of Applicants (s) _____

Intended property use _____

(please be specific) _____

On 8 1/2" x 11" paper, please provide the following:

A map showing the property location and surrounding zoning

For office use only

Filing Fee Paid \$ _____

Date Filed _____

Payment Method _____

Meeting Date _____

Courtesy Letters Sent _____