



**Application  
Rezoning**

**NOTICE TO APPLICANT**

Applications to amend the Zoning Ordinance must be submitted to the City at least thirty (30) days prior to the Planning Commission meeting at which the proposal will be considered. The application must be accompanied by a fully dimensioned site plan plus the required review fees. Planning Commission meetings are held on the fourth Monday of each month at 7:30 pm.

**Project Information**

Location of Property:
Parcel Number:
Current Use of Property:
Proposed Use of Property:
Project Value: \$

**TO BE COMPLETED BY THE CITY**

Date Submitted:	Fee Paid:
Received By:	Date of Public Hearing:

**Planning Commission Recommendation**

<b>Decision:</b>	
Reason for Recommendation:	Date of Action:

**City Council Action**

<b>Decision:</b>	
Reason for Recommendation:	Date of Action:
Stipulations/Conditions:	



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TO BE COMPLETED BY APPLICANT

I (we) the undersigned, do hereby respectfully request consideration of our ReZoning application, and provide the following information to assist in the review:

**Property Information**

Requested Zoning:		Existing Zoning:	
Zoning of Adjacent Property:			
North:	South:	East:	West:
Frontage:	ft.	Depth:	ft.
Area:		acres/sq. ft.	

**Applicant Information**

Name:		Title:	
Organization:		Cell Phone:	
Mailing Address:		Business Phone:	
City:	State:	Zip:	E-Mail:

**Property Owner:** Identify the person or organization that owns the subject property.

**Applicant is also the Property Owner**

Name:		Title:	
Organization:		Cell Phone:	
Mailing Address:		Business Phone:	
City:	State:	Zip:	E-Mail:



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**Proposed Buildings to Be Constructed:**

Size (Square Feet of Floor Area):
Height (Feet):
Number of Stories:

**If a Residential Development:**

Total Dwelling Units:
Number of Units by Bedroom Type:

**If a Commercial or Office Development:**

Total Leasable Units:	
Name of Architect or Engineer Who Prepared Plans:	
Address:	Phone:

**Property Description and Proposed Use of Property**

If part of a recorded plat, provide lot numbers and subdivision name. If not part of a recorded plat (i.e., (acreage parcel”), provide metes and bounds description. Attach separate sheets if necessary.

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**Justification for Proposed Rezoning**

State the reasons why the existing zoning is no longer appropriate:

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State any other circumstances or reasons in support of the proposed amendment:

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All information contained herein is true and accurate to the best of my knowledge. I acknowledge that the Planning Commission will not review my application unless all information required in this application and the Zoning Ordinance have been submitted. I further acknowledge that the City and its employees shall not be held liable for any claims that may arise because of acceptance, processing, or approval of this rezoning application.

\_\_\_\_\_  
**Applicant Name (printed)**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**