



COMMUNITY DEVELOPMENT ZONING CHANGE APPLICATION

PROPERTY

Address

Legal Description

Present Zoning

Requested Zoning

- ***A basic diagram of the property, surrounding property and public roadways on 8 ½ x 11 or 8 ½ x 14 paper including basic dimensions must be attached.***

OWNER

Name(s)

Mailing Address (Street, City, State, Zip)

Phone #

Other (Fax, Phone, Email)

APPLICANT/AGENT

Name(s)

- ***A notarized letter of authorization from the property owner(s) must be attached.***

PURPOSE

State why the zoning change is being requested.

I hereby certify that the above information is true to the best of my knowledge.

SIGNATURE (Applicant/Owner)

RECEIVED (Date, Time, Staff Signature)

PLANNING & ZONING HEARING DATE