



Rezoning Application

For Office Use Only

Fee Paid _____

Date Received: _____

Petitioner(s) _____

Address _____

Daytime Phone _____
Evening Phone _____

Interest in Property (check one)

- Owner
- Represent Owner
- Other _____

- Option to buy
- Lessee

Complete address of property requested to be rezoned _____

Owner Name(s) _____

Address _____

Daytime Phone _____
Evening Phone _____

Legal Description (indicate attached if needed): _____

Lot size: Width _____ Length _____ Area _____

Current zoning: _____ Proposed zoning _____

Proposed use of rezoned property _____

Explain what changes or conditions make this proposed rezoning necessary _____

Residential property
 Single Family: Number of bedrooms _____
 Multiple Family Efficiency _____
 One bedroom _____
 Two bedroom _____
 Three bedroom _____
 Total units _____
 Accessible onsite parking spaces _____

Commercial property
 Employees _____
 Accessible onsite parking spaces _____
 Hours and days per week of operation _____

Petition must include photographs of the property, copies of any other required permits and a site plan, as follows:

- Drawn to a scale of at least 1"=100'
- Existing and proposed structures (buildings, trash receptacles, landscaping, etc.)
- Existing and proposed parking areas and driveways
- Existing and proposed roads, easements and other access points
- Flood plain elevations, if applicable
- Zoning classifications of all abutting land within 300 feet

I certify the statements made and the information provided in this rezoning application are true, accurate and complete.

 Signature _____
Date

		Required Reviews		
		Approve Petition	Deny Petition	Initials
<input checked="" type="checkbox"/>	Zoning Administrator	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	Planning Commission	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	City Council	<input type="checkbox"/>	<input type="checkbox"/>	_____