

RE-ZONING APPLICATION

PLANNING & ZONING COMMISSION

CITY COUNCIL

Name of Applicant: _____

Address of property for re-zone: _____

_____ Zip Code _____

Phone: _____ Date: _____ Fee: (\$300.00) Paid: yes ___ no ___

Present Zoning: _____ Proposed Zoning: _____

Signature of Present Owner of Record: _____

Legal Description of Property: _____

Describe Purpose of Re-Zoning: (Attach map and designate location of property.): _____

Building Official Comments: _____

City Engineer Comments: _____

City Administrator Comments: _____

Planning & Zoning Meeting: _____ Time: _____

Publish Date: _____ Posting Date (on property): _____

Action Taken: _____

City Council Meeting: _____ Time: _____

Publish Date: _____ Posting Date (on property): _____

Action Taken: _____