

ZONING MAP AMENDMENT (REZONING) APPLICATION

Meeting Date: _____ Amendment #: _____

Instructions:

The property owner(s), Planning Commission, Zoning Administrator, or City/Town/County Council may initiate a zoning map amendment.

If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not an owner, the owner(s) must sign the Owner Authorization below, along with a notarized letter or letterhead from the owner.

THE APPLICANT HEREBY REQUESTS that the property described below be rezoned

FROM _____ **TO** _____

A Copy of the Plat of the property must be attached with the rezoning application.

• **PROPERTY ADDRESS/LOCATION:** _____

Lot _____ Block _____ Subdivision _____
Tax Map #. _____ Plat Book _____ Page _____
Lot Dimension _____ Acres _____
Current Zoning District _____ Land Use Map Shows _____

• **APPLICANT INFORMATION:**

Name: First _____ Middle _____ Last _____

Mailing Address: Street / PO Box / Town/State/Zip

Telephone: Home _____ Work _____ Cell: _____ Other _____

• **OWNER INFORMATION (IF NOT APPLICANT):**

Name: First _____ Middle _____ Last _____

Mailing Address: Street / PO Box / Town/State/Zip

Telephone: Home _____ Work _____ Cell: _____ Other _____

• **OWNERS AUTHORIZATION – (OWNER SIGN ONLY IF NOT THE APPLICANT)**

I (WE) HEREBY AUTHORIZE THE PERSON NAMED AS APPLICANT TO REPRESENT ME (US) IN THIS APPLICATION.

Date _____ Owner(s) _____
Owner(s) _____

• **OWNER / APPLICANT SIGNATURE:**

I (WE) CERTIFY THAT THE INFORMTION IN THIS REQUEST IS CORRECT.

Date _____ Owner _____

Date _____ Applicant _____