

ZONE CHANGE APPLICATION

Name of Property Owner(s) _____

Address _____ Tel # _____ Cell # _____

Fax # _____ Email _____

Name of Agent _____

Address _____ Tel # _____ Cell # _____

Fax # _____ Email _____

Location of Property to Be Rezoned _____

Assessor's Map and Lot Numbers _____

Size of Site _____ Acres _____ Square Feet _____

Current Zone _____ Proposed Zone _____

Previous zone changes requested for this property? YES NO

Date of Request _____

State Reason for Zone Change

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. The undersigned hereby authorizes the Commission and its professional staff to enter upon the property contained within the proposed change if the applicant has the legal right to grant such access.

Signed (Applicant/Agent) _____ Date _____

Signed (Owner) _____ Date _____