



ZONING APPLICATION/NOTICE

A. Requesting: _____ Date: _____
___ Zoning ___ Rezoning ___ Create Site Plan ___ Site Plan Amendment ___ Text Change

B. Description and Location of Property

1. Addition Name: _____
2. Lot(s) : _____ Block : _____
3. Total Acreage : _____
4. Present Zoning Classification: _____
5. Street address or other description: _____

C. Zoning Requested : _____

D. Proposed property use to include, but not limited to : _____

E. Application Information :

Owner: _____ Agent: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Owner Signature: _____ Agent Signature(s): _____

F. Statement Regarding Restrictive Covenants/Deed Restrictions

I have searched all applicable records and to my best knowledge and belief, there are no restrictive covenants that apply to the property as described in Part B which would be in conflict with this rezoning request.

None Copy Attached

PLEASE PROVIDE A MAP OF THE LOCATION TO BE REZONED

Application Fee \$300.00

OFFICE USE ONLY

Filing Fee for Zoning Application

Receipt No: _____ Amount: _____ Date: _____

Signed By: _____