

APPLICATION TO CHANGE ZONING FROM ONE ZONING DISTRICT TO ANOTHER ZONING DISTRICT

Name of Applicant: _____
(Title Holder or Attorney in Fact)

Mailing Address: _____
(Street or P. O. Box)

(City, State, Zip)

Telephone Number: _____

Name of Property Owner: _____

Mailing Address of Property Owner: _____

Telephone Number of Property Owner: _____

Location: (Street Address and Legal Description of Property to be Changed and Intent of Use)

Location Currently Zoned: _____

Requested Zoning Change: _____

Application shall be accompanied by a copy of the deed to the property, maps and plans and shall become a part of the application. **Must be signed by property owner(s) and/or official of company (i.e., President, etc.)**

The undersigned attests that all information given or accompanying this application is correct and accurate.

(Signature of Applicant) Date: _____

(Signature/Consent of Property Owner)

Date: _____

(Print)