

Change of Zoning Request

Property Owner:					
Address:					
Applicant (If differen	nt from property owner):				
Home Phone:		Cell Phone:			
Email:					
Legal Description of Property (metes and bounds or subdivision/ block/ lot description					
CURRENT ZONING DISTRICT		REQU	ESTED ZONING DISTRICT		
		,			
Reason for Requesting the Change in Zoning					
Present Use of Property					
Applicant Signature		D-1			
Applicant Signature		Dat	t		



Office Use Only

Adjacent Zoning & Land Use				
Direction	Land Use)	Zoning	
NORTH				
SOUTH				
EAST				
WEST				
Will the change be consistent with the intent of the comprehensive plan and the future land use map?				
Additional Comments				
Received by:				
Date Receive	ed:			
Fee Paid:				
Date Publish	ed:			
Public Notice	e Mailed:			
Hearing Date	e: 			