



Zoning Change Application

Applicant Name: _____ **Business:** _____

Property Owner: _____ **Parcel #:** _____

Address: _____

Phone#: _____ **E-mail:** _____

Current Zoning: _____ **Desired Zoning:** _____

Zoning Change Fee - \$100.00 – Paid: Yes / No

List of All Property Owners within 100 Feet of Property	
Property Owner	Address

Additional Property Owners may be listed on an attachment to the application.

Signature of Applicant:		Date:	
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Plan Commission and Common Council Review (For Office Use Only)					
Plan Commission Review:		Approved?		Declined?	
Public Hearing Date:					
Common Council Review:		Approved?		Declined?	
Conditions of Approval / Other Restrictions:					

City Clerk: _____ **Date:** _____