



Zone Change Application

INCODE PERMIT # _____

Date: _____

1. Property Owner (required): _____ 2. Phone: _____

3. Mailing Address: _____

4. City: _____ State: _____ Zip: _____

5. Owner's Email: _____ 6. Cell No. _____

7. Agent (not owner): _____ 8. Agent's Phone: _____

9. Agent's Mailing Address: _____

10. City: _____ State: _____ Zip: _____

11. Agent's Email: _____

12. Address/Location being Rezoned: _____

13. Legal Description of Property: _____ 14. Property ID(s): _____

15. Zone Change: From: _____ To: _____

16. Existing Land Use: _____

17. Reason for Zone Change: _____

(Please Print Name)

Signature

Receipt # _____

Reviewed By: _____

OFFICE USE ONLY

Date Received: _____

Public Hearing Date (P&Z) - _____

Public Hearing Date (CC) - _____

PERMIT#



Zone Change Application Requirements

All items are required to be submitted with the application.

<u>ITEM</u>	<u>DESCRIPTION</u>	<u>DATE</u>	<u>INITIALS</u>
1.	Zoning Application	_____	_____
2.	Application Fee \$450 (<u>FEE IS NON-REFUNDABLE</u>)	_____	_____
3.	Survey*	_____	_____
4.	Metes & Bounds Description*	_____	_____
5.	Warranty Deed	_____	_____
6.	Preliminary Site Plan/Sketch	_____	_____
7.	Authorization Letter from Owner (If not owner)	_____	_____
8.	Conditional Use Permit (if applicable)	_____	_____

*NOTE:

IF ACREAGE PROPERTY IS INVOLVED, AND/OR REZONING DOES NOT FOLLOW LOTLINES, THEN A SURVEY AND A METES AND BOUNDS DESCRIPTION ARE REQUIRED.

A SITE INSPECTION WILL BE CONDUCTED AS PART OF THE REZONING PROCESS.

Office Use Only

Staff Recommendation	<input type="checkbox"/> Approval	<input type="checkbox"/> Denial	Date _____
Planning & Zoning	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date _____
City Council	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date _____

Additional Comments:
