

**ZONING CHANGE APPLICATION**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Pleas give the exact location and address where the rezoning requested:  
(street address, subdivision, tract, lot, and etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Zoning: \_\_\_\_\_

Requested Change in Zoning: \_\_\_\_\_

Purpose for Requesting Change: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Application Fee:     \$50.00             Date Paid: \_\_\_\_\_

Please Note:    A \$50.00 deposit is required with the application to help defray costs.  
                          Deposit will be refunded, once an improvement is mad on the above  
                          described property.