Zoning Change Application

Applicant's Name:_____Date:_____

Applicant's Address:_____

Applicant's Telephone Number: _____

Current Zoning: _____

Requested Change in Zoning: _____

Please give the exact location and address where the rezoning is requested: (Street address, Subdivision, Tract, Lot, Block, etc.).

_____

_____

_____

_____

Purpose for requesting change:

_____

_____

_____

_____

_____

Non- Refundable Application Fee: $150.00 Date Paid:_____

Applicant's Signature:_____

Rev. 9/23/24