



PETITION FOR

ZONING AMENDMENT APPLICATION

APPLICANTS NAME: _____ **DATE:** _____

ADDRESS: _____ **PHONE #** _____

PROPERTY LOCATION: _____

OWNER(S) NAME: _____

OWNER(S) ADDRESS: _____ **PHONE #** _____

FEE: (required at time of submission) **\$2500** check # _____

Current Property Zoning: _____ Requested Zoning: _____

Reason for the request:

(Provide as much information as possible regarding the reason for the request, along with plans and other documentation to describe the proposed use. Attached additional pages, as necessary)

Signature of Applicant*

Date Signed

*If Applicant isn't owner or legal representative, an agreement of sale or other documentation showing authorization to submit the rezoning request to be provided.