



Zoning Map Amendment (Rezoning) Application

If this application is filed by the property owner(s), all property owners must sign. If the applicant is not an owner, the property owner(s) must also execute and attach a Designation of Agent form.

The Applicant hereby requests that the property described below be rezoned:

from _____ to _____.

APPLICANT(S):

Name(s): _____

Address: _____

City: _____ Zip Code: _____

Telephone: Cell: _____ Work: _____ Home: _____

Fax: _____

Email: _____

PROPERTY OWNER(S):

If different than Applicant(s):

Name(s): _____

Address: _____

City: _____ Zip Code: _____

Telephone: Cell: _____ Work: _____ Home: _____

Email: _____

Additional information attached ___ Yes / ___ No

PROPERTY INFORMATION:

Address: _____

Subdivision: _____

Tax Map No.: _____

Zoning Dist.: _____ Zoning Map Page: _____

Area in acres: _____

Dimensions: _____

Current use: _____

Proposed use: _____

Is the property subject to any restrictive covenants? ___ Yes ___ No

Please attach a copy of any relevant restrictive covenants.

Final action: _____