

# Zoning Map Amendment (Rezoning) Application

Date filed: \_\_\_\_\_ Request No. \_\_\_\_\_

## Instructions

A zoning map amendment may be initiated by the property owner(s), planning commission, zoning administrator, or city/town/county council.

If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not an owner, the owner(s) must sign the designation of agent section.

The applicant hereby requests that the property described below be rezoned from \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

**Applicant(s)** [print]: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ [work] \_\_\_\_\_ [home]

Interest:  Owner(s) -  Agent of owner(s) -  Other \_\_\_\_\_

**Owner(s)** [if other than applicant(s)]: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ [work] \_\_\_\_\_ [home]

[Use reverse side if more space is needed.]

**Property address:** \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Tax Map No. \_\_\_\_\_ Plat Book \_\_\_\_\_ Page \_\_\_\_\_

Lot Dimensions: \_\_\_\_\_ Area: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Zoning Map Page: \_\_\_\_\_

**Designation of agent** [complete only if owner is not applicant]:

I (we) hereby appoint the person named as applicant as my (our) agent to represent me (us) in this request for rezoning.

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

\_\_\_\_\_

Owner signature(s)

I (we) certify that the information in this request is correct.

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

\_\_\_\_\_

Applicant signature(s)