

Zoning Application

Applicant's Name _____

Applicant's Address _____

Telephone (Daytime) _____ E-mail _____

Owner's Name _____

Owner's Address _____

Street Address for Zoning Request _____

Present Zoning _____ Use _____

Requested Zoning _____ Use _____

List the reason for this request: _____

Explain how off-street parking, fencing, landscaping will be provided for this request:

Sq Ft of proposed Building _____ Sq Ft of Parcel/Lot _____

Applicant's Signature _____ Owner's Signature _____

Date: _____ Date: _____

Map No. _____ Subdivision _____

Application Fee: \$150

OFFICE USE ONLY:

Publication Date _____

Hearing Date _____

Date Filed _____

Fee _____

Receipt _____