

**REZONING APPLICATION**



**Case Number:** \_\_\_\_\_

**Date Filed:** \_\_\_\_\_

**Fee Paid:** \_\_\_\_\_

Applicant \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Contact person \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Owner (if different from applicant) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Address or general location of development \_\_\_\_\_

Current Zoning District Classification \_\_\_\_\_

Proposed Zoning District Classification \_\_\_\_\_

Proposed Use \_\_\_\_\_

**Detailed concept plan must be submitted with application.**

Legal Description \_\_\_\_\_

Reasons request should be approved \_\_\_\_\_

