

REQUEST FOR ZONING MAP AMENDMENT

NAME OF APPLICANT _____

ADDRESS _____

TELEPHONE NUMBER _____

INTEREST IN PROPERTY (IF NOT OWNER) _____

NAME OF OWNER IF DIFFERENT FROM ABOVE _____

ADDRESS _____

TELEPHONE NUMBER _____

LEGAL DESCRIPTION OF PROPERTY TO BE REZONED _____

PRESENT ZONING OF PROPERTY _____

PROPOSED ZONING OF PROPERTY _____

INTENT AND/OR REASON FOR REZONING _____

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF OWNER _____ DATE _____

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Date filed with City Clerk _____

Date of Planning and Zoning Commission Hearing _____

Recommendation of Planning & Zoning Commission _____

Date of City Council Hearing _____

Action by Council _____

Effective Date _____