



PLANNING COMMISSION ZONING AMENDMENT APPLICATION

Please complete in ink and return to the Planning and Codes Administration Department with required attachments, information, and filing fee. Zoning Map Amendment (Rezoning) applications require a **filing fee of \$250**, a current survey of the property, a copy of the deed, and a designation of agent if owner is not the applicant. **Both sides of this application must be completed; incomplete applications will not be accepted.**

- An amendment to the zoning ordinance text or the zoning map may be initiated by the city council, the planning commission, or the board of zoning appeals.
- An amendment to the zoning map for changing a zoning district designation of property may be initiated by the owner of the property affected or by an agent authorized by the owner in writing.

File no.: R - _ - _	PIN: _ _ _ _ - _ _ - _ _	Date submitted: / /	Planning Commission meeting date: / /
Amendment type:	<input type="checkbox"/> Map amendment (Rezoning)	<input type="checkbox"/> Text amendment	
Initiated by:	<input type="checkbox"/> Owner/Agent	<input type="checkbox"/> City Council	<input type="checkbox"/> Planning Commission <input type="checkbox"/> Board of Zoning Appeals

OWNER(S) INFORMATION

Last name:	First:	Middle:	Interest <input type="checkbox"/> Sole owner <input type="checkbox"/> Co-owner
Mailing address:	City:	State:	ZIP Code:
Daytime phone no.: ()	Fax no.: ()	E-mail:	

APPLICANT INFORMATION

To be completed only if Owner is not Applicant:

Applicant's last name:	First:	Middle:	
Mailing address:	City:	State:	ZIP Code:
Daytime phone no.: ()	Fax no.: ()	E-mail:	

PROPERTY INFORMATION

THE OWNER/APPLICANT HEREBY REQUESTS that the property described below be rezoned from _____ to _____

Property address:	Property dimensions:	Property area:	
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DESIGNATION OF AGENT

To be completed by Owner(s) only if Owner is not Applicant. All owners must sign.

I (we) hereby appoint the person named as Applicant as my (our) agent to represent me (us) in this request for a zoning map amendment.

Owner name	Owner signature	Date
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To be completed by Applicant:

I certify that the information in this request is correct.

Applicant name

Applicant signature

Date

Rev. 12-09-05; 06-15-07

REQUIRED INFORMATION

REASONS FOR ZONING AMENDMENT REQUEST: I (we) request the rezoning for the following reasons:

Use additional sheets if necessary.