

REQUEST FOR ZONE CHANGE

(please print or type)

Applicant's Name	
Address ext	
Owner's Name	
Address	
Phone () ext	
Agent's Name	
Address	
Phone () ext	
Hereby request the Planning Commission and City Council to classification. The current zoning designation of the property is as	
The desired zoning designation of the property is as follows:	
Please note: Minimum size requirements are necessary in some Zoi city staff for information regarding these minimum requirements.	ning Districts. Please contact
The zone change is requested for the property legally described as	the following:
The existing use of the property is as follows:	

The	applicant is requesting a zone change for the following purpose:			
✓	Please refer to the Zone Change Checklist for a complete list of required information.			
✓	Complete information must be provided by the applicant or no action will be taken.			
✓	Please refer to the Review Schedule for submittal deadlines and public hearing dates.			
	reby certify that all required information and materials are herewith attached and said erials are true and accurate to the best of my knowledge.			
Signe	ed Applicant			
Date	, 20			
	ication Fee: \$400.00 20.00 of the fee is refundable only if City Council denies request			

All fees are due and payable to the City Treasurer upon application.

Zone Change Recommendation / Action

<u>Plan</u>	ning Commission		
	Approval recommended		
	Approval not recommended		
	Changes and improvements required:		
	Ayes		
	Nays Abstain		
Date	e of Public Hearinge of Notice of Public Hearing	, 20	
Date	e of Notice of Public Hearing	, 20	
Signe	ed		
	Chairman, Planning Commission		
Citv	<u>Council</u>		
	Application approved		
	Application denied		
	Application referred back to Planning C	ommission with spec	ific instructions:
	Ayes		
	Nays		
	Abstain		
Date	of Public Hearing	, 20	
Date	of Notice of Public Hearing	, 20	
Signe	ed		
	Mayor		
Atte	st		
	City Clerk		