



## CHANGE OF ZONING

1. APPLICANT:  
ADDRESS:

PHONE:  
EMAIL:

NAME OF AGENT: (if any)  
ADDRESS:

PHONE:  
EMAIL:

THE APPLICANT HEREBY REQUESTS A CHANGE OF ZONING FROM \_\_\_\_\_ ZONING DISTRICT TO \_\_\_\_\_ ZONING DISTRICT.

THE PROPERTY FOR WHICH THIS CHANGE IS REQUESTED IS LEGALLY DESCRIBED AS: (use either metes and bounds or subdivision/block/lot description)

2. PRESENT USE OF PROPERTY:  
ADJOINING/SURROUNDING LAND USE AND ZONING:

	<u>LAND USE</u>	<u>ZONING</u>
NORTH:		
SOUTH:		
EAST:		
WEST:		

3. REASON FOR REQUESTING THIS CHANGE IN ZONING:

4. WILL THE CHANGE BE CONSISTENT WITH THE INTENT OF THE COMPREHENSIVE PLAN AND THE FUTURE LAND USE MAP? (Explain):



CHANGE OF ZONING

5. ADDITIONAL COMMENTS:

APPLICANT:

AUTHORIZED AGENT:

Signature

Signature

Date

Date

\*\*\*\*\*FOR OFFICIAL USE ONLY\*\*\*\*\*

- Case No.:
- Date Filed:
- Fee Paid:
- Received By:
- Date Advertised:
- Date Notices Sent:
- Public Hearing Date:

PLANNING COMMISSION RECOMMENDATION:

REASON FOR RECOMMENDATION:



## CHANGE OF ZONING

PROTEST PETITION FILED? Yes                      or                      No  
GOVERNING BODY ACTION:

DATE:

VOTE:

IF APPROVED, RESOLUTION/ORDINANCE NO.:

EFFECTIVE DATE: