

FERRON CITY REZONING PETITION

THIS APPLICATION MUST BE ACCOMPANIED BY:

1. An accurate Plat, drawn to scale, showing the subject property(s) and adjacent properties.
2. A complete and accurate legal description of the entire area to be rezoned.
3. A non-refundable fee of \$300

Office Use

Date Application received _____

Received by: _____

☐ Fee

☐ Plat

☐ Legal Description

☐ All Required Signatures

Please Type or Print with Ink

Name of Property Owner(s)

Owner Address

I (we) the above listed property owner(s) do hereby petition Ferron city for reclassification of the following described property from the existing _____ Zoning District to a (an) _____ Zoning District.

Please explain the reason for the requested rezoning

How will rezoning promote the zone objectives?

Please attach a complete legal description of the property(s)

I (we) declare under penalty of perjury that I (we) am (are) the owner(s) of the property and that the foregoing statements and attachments are true and correct. (Attach an additional sheet if necessary)

Printed Name

Signature

Date
