



# Chatsworth - Application For Zoning Change

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## APPLICATION FOR ZONING CHANGE

	Case No. SU- <input type="text"/>
Applicant	
Name <input type="text"/>	FILED DATE <input type="text"/>
Address <input type="text"/>	Fee <input type="text"/>
Phone <input type="text"/>	Receipt No. <input type="text"/>
	Publication Cost <input type="text"/>
Owner (S)	Receipt No. <input type="text"/>
Name <input type="text"/>	Hearing Date <input type="text"/>
Address <input type="text"/>	Decision Date <input type="text"/>
Phone <input type="text"/>	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
(Attach list if necessary)	

\_\_\_\_\_  
Town Clerk  
File Stamp

Legal Description of Property:

Street Address:   
Property Interest of Applicant:   
Present Use:  Zoning District:

A change in zoning from  to  is requested to allow the property described above to be used for \_\_\_\_\_ on the above described property.

Specific Distances (if applicable)

Attachment No. 1 - Submit a map drawn to scale (or as requested by the Zoning Administrator) of the area included in the application and the abutting area within 200 feet (additional area may be required by the Zoning Administrator) showing the zoning classification; dimensions and use of all buildings and /or structures (existing and proposed); driveways; parking areas; right-of-way lines for streets and roads; easements; provisions for surface drainage; proposals for sewage disposal systems; distance of building(s) and/or structure(s) from front, side, and rear property lines; and distance of building(s) and/or structure(s) from center of public access road(s).

Additional Attachments - Submit additional attachments as required by the Zoning Administrator.

I (we) certify that all of the information presented above is true to the best of my (our) knowledge and belief.

Applicant (s) Signature (s)	Date
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You may print out this form and/or submit this form directly to the Zoning Administrator for review and consideration.

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