

APPLICATION FOR REZONING

SKZ - _____

General Location: _____
Requested Zoning: _____ Proposed Use: _____
Record Owner: _____ Present Use: _____
Legal Description of Tract under Application: (If by metes and bounds attach plat of survey)

If applicant is other than owner, please indicate interest:
(purchaser, lesee, agent for, other)

Are there any private or deed restrictions controlling use of tract?

Bill advertising and sign charges to _____
(name)

_____ (address) _____ (phone)

I do hereby certify that the information herein submitted is complete, true and accurate.

Signed: _____ Address: _____
Phone: _____

APPLICANT - DO NOT WRITE BELOW THIS LINE

Application received by: _____ Date: _____
Tract Average _____ P. H. Date: _____

Application No SKZ - _____ Sec. _____ Twp. _____ Rg. _____
Present Zoning: _____ Proposed Zoning: _____
\$35.00 Application fee: _____ Application Fee Receipt #: _____

SKPC Recommendation: Recommendation: _____ Vote: _____
Date: _____
Provisions: _____

City Council Action: Recommendation: _____ Vote: _____
Date: _____
Provisions: _____

Staff Recommendation: Recommendation: _____ Date: _____
Subdivision Name: _____ Ordinance No. _____

