

CITY OF SKIATOOK

SKZ-

APPLICATION FOR REZONING

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:

EXAMPLES: PURCHASER, LESEE, AGENT FOR, OR OTHER

ARE THERE ANY PRIVATE OR DEED RESTRICTIONS CONTROLLING USE OF TRACT?

BILL ADVERTISING & 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: _____

APPLICATION FEE

\$150.00+\$ 50.00 SIGN+ _____

APPLICATION FEE RECEIPT# _____

\$3.00 mailing per address

CITY COUNCIL ACTION:

SKPC

RECOMMENDATION: _____

VOTE: _____

RECOMMENDATION: _____

DATE: _____

VOTE: _____

RECOMMENDATION: _____

PROVISIONS: _____

DATE: _____

PROVISIONS RECOMMENDATION: _____

RECOMMENDATION: _____

DATE: _____

SUBDIVISION NAME: _____

ORD. # _____