



PLANNING AND ZONING APPLICATION

TYPE OF REQUEST:

SITE PLAN ___ ZONING CHANGE ___ VARIANCE ___

SUBDIVISION ___ CONDITIONAL USE ___ TEMPORARY USE ___

GENERAL INFORMATION:

Project Name: _____

Existing Use of Property: _____

Existing Zone: _____ Requested Zone (if any): _____

Brief description of Request: _____

PROPERTY INFORMATION:

Address (if Known): _____

General Location (include nearest streets): _____

Legal Description: Section: _____ Township _____ Range _____

Tax Assessor's Parcel Number: _____

Subdivision Name & Lot # (if applicable) _____

APPLICANT INFORMATION

Name: _____

Mailing Address: _____

Phone # _____ FAX # _____

Status (owner, agent, lessee, etc): _____

PROPERTY OWNER: (If different from applicant fill out authorization statement below. For more than one owner attach separate sheet with names and addresses.)

Name: _____
Mailing Address: _____
Phone # _____ FAX # _____

SIGNATURE OF APPLICANT:

_____ Date: _____

PROPERTY OWNER AUTHORIZATION:

I hereby authorize _____ to file this application and act on my behalf in regard to this request.

_____ Date _____

Notary (Rezoning Applications Only)

The State of _____ County of _____
Subscribed, sworn to and acknowledged before me by _____, the principal,
and subscribed and sworn to me by _____, the witness, this ____ day of _____.

(signed) _____

(Notary Public)

STAFF USE ONLY:

Case# _____

Date of P & Z Advertisement _____

Zoning District: _____

Date of P & Z Hearing _____

Date of Application; _____

Recommendation: _____

Fee: _____

Date of Council Advertisement _____

Accepted by: _____

Date of Council Hearing _____

Decision _____

NOTE: APPLICANT MUST ATTEND HEARINGS/MEETINGS