ZONING DISTRICT AMENDMENT APPLICATION

for Changing Zoning District Designation

Fee $150.00

PROPERTY OWNER:

NAME: _____

(Last) (First)

ADDRESS: _____

(Street & Number) (City) (State) (Zip)

TELEPHONE: (A.M.) _____ **(P.M.)** _____

REQUEST:

TO REZONE FROM: _____ to _____ for the following

purpose: _____

_____

- **ATTACH LEGAL DESCRIPTION OF PROPERTY TO THIS FORM**

ADDRESS OF SUBJECT PROPERTY: _____

EXISTING AND PROPOSED USE OF PROPERTY: _____

_____

NAME & ADDRESS OF ALL OTHER PERSONS, FIRMS, ETC. HAVING A LEGAL CONNECTION TO THE SUBJECT PROPERTY:

_____

_____

OWNER'S SIGNATURE: _____ **DATE:** _____

-OFFICIAL USE ONLY-

CASE # _____ FILING DATE _____ FEE PAID _____ RCD BY _____

MPC ACTION _____ DATE _____

COUNCIL ACTION _____ DATE _____

EFFECTIVE DATE _____