



Application for Reclassification of Zoning

Date of Submittal: _____ Request Number (to be filled out by Staff): _____

Instructions:

1. Submit the application form with owner's signature, legal description, any other supporting documents, and a map with the rezoning areas highlighted.
2. Application Fee: \$75
3. Please see attached meeting schedule for meeting dates and deadlines.

Name of Property Owner: _____

Address of Property Owner: _____

Phone Number: _____ Email: _____

Signature of Property Owner: _____

Name of Applicant (if different than property owner): _____

Address: _____

Phone Number: _____ Email: _____

Signature of Applicant: _____

Property Location: _____

Existing Zoning Classification: _____ Proposed Zoning Classification: _____

Number of Acres: _____ Tax Map Number: _____

Describe the nature of the request: _____

OFFICE USE ONLY

Date Received: _____ Fee Paid: _____

Date Advertised: _____ Hearing Date: _____ Date Sign Posted: _____

Town Staff Recommendation: APPROVED: _____ DENIED: _____

Planning Commission Recommendation: APPROVED: _____ DENIED: _____

Council Decision: 1st Reading Date: _____ APPROVED: _____ DENIED: _____

2nd Reading Date: _____ APPROVED: _____ DENIED: _____

Comments: _____
