



Application for Change in Zoning District

Fee: \$100

Please allow 60 days for your request to process as it will be heard by both Planning Commission and City Council.

Name of Applicant: _____

Address of request: _____

Telephone of Applicant: _____

Email of Applicant: _____

Property Owner (if different than applicant): _____

Proof of Ownership (deed preferred) will need to be presented prior to Historic Preservation Commission meeting.

Reason for request: _____

Note: Please describe what effect granting of the rezoning would have on the overall character of the surrounding properties, neighborhood, and general vicinity. If you believe there will be little to no effect, please explain why. Address items such as surrounding land use, potential nuisances, adequacy of public facilities, traffic flow, parking, ingress/egress, destruction of natural features, lot suitability, and/or storm water drainage if applicable.

Applicant Signature: _____

Date: _____

Owner Signature: _____

Date: _____

****Please attach supporting documentation (sketches, photos, architectural drawings) to help justify the proposed special use request.**

For office use only:

Zoning District: _____

Present/Former land use of property: _____