

## **REZONING REQUEST**

(\$1,250)

Due Date: Complete application 45 days prior to P&Z Commission meeting held on the second Monday of the month. Incomplete applications will not be processed until all required information is submitted. Staff may request additional information to properly review the application.

Mailing address:					ity:		State:	
					•		State.	
Phone:				E	mail:			
Parcel Number	<u>er(s)</u> :				ı			
Section:		Township:		Range:		Size of Prope	rty:	
subject property	. The application	n will not be p	rocessed unt	il a correct	legal de	ride the correct legal d scription is provided. ubmitted with the app	An electror	
Street addres								
Present Land	Use designa	tion:						
Present <b>Zonin</b>	g District:							
Requested Zo	ning District	:						
TTENDANCE a	t the public l	hearing by th	ne applicar	nt or ager	nt (as de	esignated in writin	g) <b>IS REC</b>	OMMEND
					ocesse			

(Name)		(Title)		(Entity Name)
(State Registry & Tyr	, being fi	irst duly sworn, affirm a	and say that I am	the owner of the
property described above				
property described about	-			
Owner's Signature:		Address		
STATE OF	COUNTY OF	Before me, thisda	ay of, 20	), personally
appeared	who exec	cuted the foregoing ins	trument and ack	nowledged before
me that same was execut	ted for the purposes	therein expressed.	Γ	٦
☐ Personally known <b>or</b>	$\square$ Produced Identific	ation		
Type of ID produced:		_		
Signature of Notary:		_	L	Т
Print Name:		My commission expi	res:	
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I,speak on his behalf for the Agent's Mailing address: City: Agent's Phone: Agent's Signature	, am the large subject matter.	legal representative of State:	the applicant an	
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