

REZONING AND LAND USE AMENDMENT REQUEST SMALL SCALE

Property under 10 acres (\$2,500)

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.

Name of Pet	titioner(s):								_
Mailing address:					City:		State:		
Phone:					Email:				
Parcel Numb	<u>ber(s)</u> :								
Section:		Township:		Range	:		Size of Property	y:	
Attach Legal	Description:	It shall be the	applicant's re	sponsibi	lity to pro	vide	the correct legal de	scription f	or the
_	•		• •	•			_	•	
subject property. The application will not be processed until a correct legal description is provided. An electronic file of the legal description in Word format, plus sketch of description (PDF), must be submitted with the application.									
	ess of the pro	•		(,,					
	has no street a	• •	f will complet	e this sec	ction):				
Present Land	d Use designa	ation:							
Requested	Land Use des	ignation:							
Present Zon	ing District: oning shall be submi	tted using the PD Zo	oning Applicatio	n)					
Description									
The applicat	ion will not be	e nrocessed i	f these iter	ns do no	ot accor	nnai	ny the applicatio	n·	
	other proof of	-	Tirese iteri		ot 4000.		ing the application		
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	•	•				_	ː's signature, if ap	phicable	
	opriate fee in				•		•		
☐ Electronic	c file of legal o	description in	Word forn	nat, plu	s sketch	of	description (PDF))	

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(Name)		(fitle)		(Ent	ity Name)		
(State Registry & Ty	, being	g first duly swor	n, attir	rm and say th	nat I am the	owner of the		
property described abov								
,								
Owner's Signature:			Addre	ss				
STATE OF	_COUNTY OF	Before me,	this _	day of	, 20	, personally		
appeared	who ex	xecuted the for	egoing	; instrument a	and acknov	vledged before n		
that same was executed	for the purposes t	herein expresse	d.	Γ		٦		
☐ Personally known or	☐ Produced Identi	fication						
Type of ID produced:								
Signature of Notary:				L		Т		
Print Name:	My commi	My commission expires:						
l,	am th	ne legal represe	ntative	of the appli	cant and ar	n authorized to		
speak on his behalf for t								
Agent's Mailing address								
City:	•		Stat	e:				
Agent's Phone:				nt's Email:				
Agent's Signature:					•			
Agent o oignature.								
		_						
TAFF USE ONLY:				:				
etition contains all requi		☐ Yes						
etition is consistent with	_	☐ Yes						
etition is consistent with	•	•		D				
te lies within an historic	district:			District:				
etition rejected:		☐ Yes☐ No (see attached reason)☐ Yes☐ No Case #:						
etition accepted:		⊔ Yes	⊔ No					
and use:				Case #:				