

**REQUEST FOR REZONING APPLICATION**

**Subject Property Address:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone No.** \_\_\_\_\_

**Phone No.** \_\_\_\_\_

**Current Zoning District:** \_\_\_\_\_

**Requested Change** \_\_\_\_\_

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**Requirements of Applicant:**

1. Letter stating reason for requested zoning change.
2. Copy of the written legal description.
3. Site plan of property.
4. Identification of property owners within 160 feet of subject property.
5. \$250.00 fee required for processing.

**Criteria for Rezoning:** *(Section 2406.03 – Zoning Ordinance)*

- (a). Show proof that a mistake was made in the original zoning. “Mistake” in this context shall refer to a clerical or administrative error.
- (b). Show proof that the character of the neighborhood has changed to such an extent as to justify reclassification, AND that there is a public need for the rezoning.

Applicant shall be present at the Planning and Zoning Commission meeting and Mayor/Board of Aldermen meeting. Documents shall be submitted thirty (30) days prior to the Planning and Zoning Commission meeting.

**Applicant is responsible for complying with all applicable requirements of the Zoning Ordinance.**

**By signing this application, it is understood and agreed that permission is given to the Zoning Administrator to have a sign erected on subject property, giving notice to the public that said property is being considered for rezoning.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date