

CHANGE OF ZONE APPLICATION

Date:_____ Filing fee:_____ Application No._____

Property Address:_____

Property Owner:_____

Address:_____

City, State, Zip:_____

Phone:_____ Fax:_____

Authorized Agent:_____

Address:_____

City, State, Zip:_____

Phone:_____ Fax:_____

Present Zoning:_____ Requested:_____

Zoning:_____

General Plan Designation:_____

Property Legal Description:_____

The Change of Zone is requested for the following reasons:_____

The proposed use will not adversely affect abutting properties or the permitted use thereof, BECAUSE:

Property Owner Signature_____
Printed Name/Title_____
Date Signed

Signature of Authorized Agent (a written authorization from the property owners must be attached to this application)

Agent Signature_____
Printed Name/Title_____
Date Signed