

- ' ZONE CHANGE (Z)
- ' CONDITIONAL USE (C)
- ' SUBDIVISION (4 or more lots)
- ' PARTITION (P)
- ' VARIANCE (V)
- ' OTHER _____
- ' OTHER _____



File No.: _____
 Date Received: _____
 Fee \$ _____
 Hearing Date: _____
 Staff Member: _____
 Zone: _____
 Comp. Plan: _____

APPLICANT INFORMATION

WHAT IS PROPOSED _____

NAME OF APPLICANT _____
Last First

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

APPLICANT IS: ' LEGAL OWNER ' CONTRACT BUYER ' OPTION BUYER ' AGENT

NAME OF CONTACT PERSON (If other than applicant) _____

MAILING ADDRESS OF CONTACT _____

PHONE # APPLICANT Work _____ Home _____ CONTACT PERSON Work _____ Home _____

SITE ADDRESS _____ TOTAL LAND AREA: _____

LEGAL DESCRIPTION: T _____ R _____ SECTION _____ TAX LOT(S) _____

ADJACENT PROPERTIES UNDER SAME OWNERSHIP: T _____ R _____ SECTION _____ TAX LOT(S) _____

PRESENT USE OF PROPERTY: _____

METHOD OF SEWAGE DISPOSAL: _____

WATER SUPPLY: _____

OTHER PERSONS (IF ANY) TO BE MAILED NOTICES REGARDING THIS APPLICATION:

NAME	ADDRESS	ZIP	RELATIONSHIP
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NAME	ADDRESS	ZIP	RELATIONSHIP
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I hereby certify the statements contained herein, along with the evidence submitted, are in all respects true and correct to the best of my knowledge.

OWNER'S SIGNATURE	DATE	APPLICANTS SIGNATURE	DATE
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