APPLICATION FOR ZONING AMENDMENT

The undersigned, owner(s) of the following legally described property hereby request the consideration of change in zoning district classification as specified below:

1. Name of Applicant

2. Mailing Address

Phone Number: Home: Business:

2. Locational Description: Subdivision Name

Section: Township: Range:

Block: Lot No.

(If not located in a subdivision attach legal description)

3. Existing Use

4. Present Zoning District

5. Proposed Use

6. Proposed Zoning District

7. Supporting Information: Attach the following items to the application:
   a. A vicinity map showing property lines, streets, and existing and proposed zoning.
   b. A list of all property owners and their mailing addresses within, contiguous to, and directly across the street from the proposed rezoning.
   c. A statement of how the proposed rezoning relates it to the Comprehensive Plan.
   d. The proposed amendment to the zoning map or text in ordinance (resolution) form, approved as to form by the City (Village, County, Township) Legal Advisor.
   e. Fee as established according to Section 369.

Date: Applicant

For Official Use Only
(Planning Commission)

Date Filed: Planning (Zoning) Commission

Date of Notice in Newspaper:

Date of Notice to Adjacent Property Owner: