REQUEST FOR REVISION TO THE ZONING MAP

PLEASE PRINT ALL

1. _____ _____
Name – Property Owner Potential Buyer/Lessee

_____ _____
Address Address

_____ _____
City State/Zip Phone City State/Zip Phone

2. Legal Description of land for which revision to zoning map application is made. Please attach copy of Warranty Deed, Deed of Trust, or survey.

Section _____ Township _____ Range _____ _____

_____

3. Present zoning and actual land use:_____

_____

_____

4. Lot/tract size: _____ Acres / Sq. Ft. 5. Requested zoning district:_____

6. Adjacent zoning _____

7. Proposed use should the request to rezone be approved: (Please be as detailed as possible in describing the proposed use)

_____

_____

8. Reason and justification for the request being submitted:

_____

_____

9. Approximate size, use and location of any structure(s):

Existing: _____ Proposed:_____

10. Type of wastewater system: _____

Application FEE of $300.00 paid at submission
If requesting PLANNED ZONING, Review Plan FEE of $250.00 paid at submission (in addition to application fee)
***Certified Mailings ($5.54 per notice, or current certified mailing cost) and Newspaper fees must be paid prior to the Monday before the scheduled meeting.

The above information is true and correct to the best of my knowledge.

_____ _____
Owner's Signature Date Potential Buyer's/Lessee's Signature Date

Representative: (Surveyor, Engineer, Attorney, Etc.)

_____ _____
Name Office Phone Number

_____ *****Additional fees to be paid by Representative ____**
Address *****Additional fees to be paid by Owner ____**
(If neither are checked bill will be sent to representative)

_____

NOTE: Please attach any additional documentation, sketches, permits, names, and addresses as required as minimum information. Failure to provide any of the required material will result in the invalidation of the application.

Received by: _____ Date _____
Boone County Planning and Building Inspections