

REQUEST FOR REVISION TO THE ZONING MAP

ONE FORM PER TRACT/LOT OF LAND

PLEASE REVIEW INSTRUCTIONS PRIOR TO SUBMITTING AN APPLICATON

PLEASE PRINT ALL

1.

Name – Property Owner

Potential Buyer/Lessee

Address

Address

CityState/ZipPhone

CityState/ZipPhone

Owner Email Address

Buyer Email Address

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 Parcel #: - - - - .

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): Include sketch.

Existing: Proposed:

10. Type of wastewater system:

11. Date of Concept Review (If no concept review was held, state “None”):

12. REQUIRED WITH INITIAL SUBMITTAL: (ADDITIONAL DOCUMENTATION MAY BE REQUIRED AT A LATER DATE)

- ☐ Application FEE of \$395.00 (or current fee)
- ☐ Review Plan FEE (if applicable) of \$305.00 (or current fee)
- ☐ Final Plan FEE (if applicable) of \$100.00 (or current fee)
- ☐ Copy of recorded Warranty Deed, Deed of Trust, or survey showing proof of ownership
- ☐ List of property owners within 1000 feet of property (you may obtain from Assessor’s Office)
- ☐ If requesting Planned Zoning, all documentation required in Zoning Regulations Section 6.4
- ☐ Additional Fees will be billed later including: Certified Mailings of \$8.50 per notice (or current cost) and Newspaper fees which must be paid by Friday the week prior to the scheduled meeting unless otherwise noted. Indicate below who will pay additional fees. Failure to pay these additional fees by the due date may result in the item being removed from the agenda.
- ☐ Additional fees to be paid by Representative
- ☐ Additional fees to be paid by Owner
- ☐ Additional fees to be paid by Potential Buyer/Lessee

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

Owner’s Signature (REQUIRED)

Date

Potential Buyer’s/Lessee’s Signature

Date

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

Name

Business/Company Name

Address

Office Phone Number

City, State, Zip

Email Address

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. If you plan to show a power point or other digital presentation during the meeting(s) please provide staff a copy at least 24 hours in advance of the meeting date.

Received by: Boone County Planning and Building Inspections

Date Time: