

REQUEST FOR REVISION TO THE ZONING MAP
 ONE FORM PER TRACT/LOT OF LAND
 PLEASE REVIEW INSTRUCTIONS PRIOR TO SUBMITTING AN APPLICATION

PLEASE PRINT ALL

1. _____ Name – Property Owner	_____				
_____	_____				
Address	Address				
_____	_____				
City	State/Zip	Phone	City	State/Zip	Phone
_____	_____	_____	_____	_____	_____
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
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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: _____ Date _____ Time: _____
 Boone County Planning and Building Inspections