

Planning



Department

## REZONING APPLICATION

Parcel Number: \_\_\_\_\_

Address (If Applicable): \_\_\_\_\_

Subdivision Name (If Applicable): \_\_\_\_\_

In the fields below, please provide the best point of contact for the entity submitting this application.

Name of Person: \_\_\_\_\_

Name of Company (If Applicable): \_\_\_\_\_

Business Address (If Applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Current Zone: \_\_\_\_\_

Proposed Zone: \_\_\_\_\_

The applicant must submit a letter of intent demonstrating the following:

- How the proposed rezoning conforms to the comprehensive plan and its related elements.
- Why the current zoning is inappropriate or improper.
- What major economic, physical, and social changes, if any, have occurred in the vicinity of the property that were not anticipated by the comprehensive plan and have substantially altered the basic character of the area.
- How this rezoning contributes to the public need.

In signing below, I (we) confirm that I (we) own the land identified on this application and that the information in this application is true to the best of my (our) knowledge. Additionally, I (we) consent to the proposal being represented with this application.

Landowner Signature: \_\_\_\_\_

Printed Name of Landowner: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Landowner Signature (If Applicable): \_\_\_\_\_

Printed Name of Landowner: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Landowner Signature (If Applicable): \_\_\_\_\_

Printed Name of Landowner: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Rezoning Application Fee Schedule:**

- Rezoning to AR: \$250.
- Rezoning to R-30, R-20, R-15, or R-12: \$250 for 5 acres or fewer. An additional \$50 for each acre or fraction thereof over 5, not to exceed \$2,000.
- Rezoning to PUD or any other zone not listed here: \$500 for 5 acres or fewer. An additional \$50 for each acre or fraction thereof over 5, not to exceed \$4,000.

Rezoning Application Fee: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Payment Type: \_\_\_ Cash \_\_\_ Check \_\_\_ Card

Amount Paid: \_\_\_\_\_

Date: \_\_\_\_\_