



REZONING APPLICATION

Application is hereby submitted for Rezoning (Reason for Rezoning-Attach Sheet if Necessary)

ADDRESS OF PROPERTY _____

PROPERTY IDENTIFICATION NUMBER 21-_____-_____

OWNER

NAME _____

OWNER

ADDRESS _____

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE () _____

EMAIL ADDRESS _____

APPLICANT

NAME _____

APPLICANT

ADDRESS _____

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE () _____

EMAIL ADDRESS _____

THE FOLLOWING INFORMATION IS SUBMITTED IN SUPPORT OF THIS APPLICATION:

- COMPLETED APPLICATION FOR REZONING
- FEE OF \$350.00
- FEE OF \$2,500.00 ESCROW
- LEGAL DESCRIPTION OF PROPERTY ATTACHED
- DEPENDING ON THE REZONING REQUESTED, THE FOLLOWING MAY BE REQUIRED:
 - 8 COPIES OF SITE PLAN
 - 8 COPIES OF SIGN PLAN
 - 8 COPIES OF ANY OTHER APPROPRIATE PLANS OR DRAWINGS
- A NARRATIVE EXPLAINING THE PURPOSE OF THE REQUEST, THE EXACT NATURE OF THE REZONING AND THE JUSTIFICATION OF THE REQUEST (ATTACH SHEET IF NECESSARY)
- OTHER _____

I FULLY UNDERSTAND THAT ALL OF THE ABOVE REQUIRED INFORMATION MUST BE SUBMITTED AT LEAST 15 DAYS PRIOR TO THE PLANNING COMMISSION MEETING TO ENSURE REVIEW BY THE PLANNING COMMISSION ON THAT DATE.

OWNER'S SIGNATURE _____

DATE _____

COMMENTS/REVISIONS _____

For more information on Rezoning, go to <https://codelibrary.amlegal.com/codes/milaca/latest/overview> and search for Chapter 156

RECEIVED BY: _____
CITY MANAGER SIGNATURE/ZONING ADMINISTRATOR DATE