



FEE DUE _____

DATE PAID _____

RECEIPT # _____

HEARING DATE _____

APPLICATION FOR REZONING

1. APPLICANT:

NAME _____

ADDRESS _____

TELEPHONE _____

2. LOCATION OF PROPERTY FOR WHICH REZONING IS REQUIRED
(TAX LOT NUMBER) _____

3. PRESENT ZONING _____

4. ZONING REQUESTED _____

5. NAMES OF ABUTTING OWNERS AND OWNERS DIRECTLY ACROSS
ADJOINING STREETS (INCLUDING THOSE IN OTHER MUNICIPALITIES)

6. ADJACENT ZONING IS _____ ON THE NORTH SIDE
_____ ON THE EAST SIDE
_____ ON THE SOUTH SIDE
_____ ON THE WEST SIDE

7. IS PROPOSED ZONING CHANGE CONSISTENT WITH THE MASTER PLANS?
EXPLAIN:

8. EXPLAIN THE REASONS WHICH PREVENT THIS PROPOSED USE FROM
BEING MORE SUITABLY LOCATED IN A PROPERLY ZONED DISTRICT
ELSEWHERE IN TOWN:

9. THE FOLLOWING MUST BE ATTACHED TO THE APPLICATION:
- a. COPY OF THE LEGAL DESCRIPTION FROM DEED
 - b. COPY OF THE SURVEY OF PROPERTY
 - c. LOCATION OF MAP SHOWING RELATIONSHIP OF SITE WITH
ADJACENT PROPERTIES
 - d. SITE PLAN AT APPROPRIATE SCALE SHOWING EXISTING AND
PROPOSED:
 - i. LOCATIONS OF BUILDINGS
 - ii. ROADS, PARKING, SIDEWALKS
 - iii. LANDSCAPING, FENCES, SCREENING
 - iv. EASEMENTS
 - v. UPON APROVAL, THE APPLICANT IS REMINDED THAT
DEVELOPMENT SHALL BE SUBJECT TO SITE PLAN REVIEW
PROCEDURES.

SIGNATURE _____

TITLE _____

DATE _____