

# CHANGE OF ZONE APPLICATION

Date: \_\_\_\_\_ Filing fee: \_\_\_\_\_ Application No. \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Present Zoning: \_\_\_\_\_ Requested: \_\_\_\_\_

Zoning: \_\_\_\_\_

General Plan Designation: \_\_\_\_\_

Property Legal Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The Change of Zone is requested for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The proposed use will not adversely affect abutting properties or the permitted use thereof, BECAUSE:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Property Owner Signature

Printed Name/Title

Date Signed

Signature of Authorized Agent (a written authorization from the property owners must be attached to this application)

\_\_\_\_\_  
Agent Signature

Printed Name/Title

Date Signed