

Application for Rezoning Real Property



Date Submitted _____ Applicant's Name _____

Applicant's Address _____

Applicant's Phone _____ E-mail (optional) _____



Fee Schedule (check one):

Up to 5 acres..... \$150.00 []

More than 5 acres.....\$200.00 []

Commercial or Manufacturing..... \$250.00 []

Fee received by _____ Date _____



I (we), the undersigned property owner (s), request that the following real property (include or attach a legal description and a scale drawing of the real property here):

Be rezoned from (present zoning) _____

To (desired zoning) _____

Include or attach a list of all adjacent property owners within three hundred feet (300') of the property proposed for rezone and their addresses. []

The Planning Commission must review the request from the standpoint that changes in property zoning cannot be made unless it is in the best interest of the citizens of Farr West City generally.

Please answer the following questions: (Attach additional sheets if necessary)

1. How is this request consistent with the policies of Farr West City's General Plan?

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2. How will this request benefit the general public and the community?

3. How will this request promote the health, safety, convenience, order or prosperity of the general public?

Signature of Petitioner(s):

Address:

✓ Checklist:

- Fees Paid
- Legal Description
- Scale Drawing
- Adjacent Property Owners List
- Public Hearing Set
- Adjacent Property Owners Notified

- Notice Advertised on: _____
- Public Hearing Held on: _____
- PC Recommendation:
- Approve Reject Date: _____
- CC Action:
- Approve Reject Date: _____