

SELECT APPLICATION TYPE

- Zoning Change Special Use Permit Planned Development

DEVELOPMENT

Project Address _____

Project Name _____

Legal Description _____ Acreage _____

Current Zoning _____ Proposed Zoning _____

Current Use _____ Proposed Use _____

OWNER INFORMATION

Company/Name _____

Contact Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

For additional owners, please include additional copies of this page. The property owner **MUST** sign the application or submit a notarized letter of authorization.

REPRESENTATIVE/AGENT INFORMATION

Company _____ Contact Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

CERTIFICATION

I certify that the above information is correct and complete to the best of my acknowledge and ability, and that I will be fully prepared to present the proposal at a Planning and Zoning Commission and City Council public hearing. I reserve the right to withdraw this proposal at any time by filing a written request with the Development Services Department.

Owner Signature

Date

Owner Name (Print)

Agent Signature

Date

Agent Name (Print)