REQUEST FOR REVISION TO THE ZONING MAP
ONE FORM PER TRACT/LOT OF LAND
PLEASE REVIEW INSTRUCTIONS PRIOR TO SUBMITTING AN APPLICATON

PLEASE PRINT ALL

1. _____ _____
Name – Property Owner Potential Buyer/Lessee

_____ _____
Address Address

_____ _____
City State Zip City State Zip

_____ _____ _____ _____
Owner Email Address Phone Buyer/Lessee Email Address Phone

2. Legal description of land for which revision to zoning map application is made. Please attach copy of Warranty Deed, Deed of Trust, or survey.

Section _____ Township _____ Range _____ Parcel #: _____ - _____ - _____ - _____ - _____. _____

_____

3. Present zoning and actual land use:_____

_____

4. Lot/tract size: _____ Acres / Sq. Ft. 5. Requested zoning district:_____ 6. Adjacent zoning _____

7. Proposed use should the request to rezone be approved or, if revising a previously approved plan, explain proposed change: (Please be as detailed as possible, do not state "see plan")

_____

_____

8. Reason and justification for the request being submitted: _____

_____

9. Approximate size, use and location of any structure(s): Include sketch.

Existing: _____ Proposed:_____

10. Type of wastewater system: _____

11. Date of Concept Review, if known, (If no concept review was held, state "None"): _____

REQUIRED WITH INITIAL SUBMITTAL: (ADDITIONAL DOCUMENTATION MAY BE REQUIRED AT A LATER DATE)
☐ Application FEE of $405.00, or current fee (Non-refundable)
☐ Copy of recorded Warranty Deed, Deed of Trust, or survey showing proof of ownership
☐ List of property owners within 1000 feet of property (you may obtain from Assessor's Office)
☐ If requesting Planned Zoning, a Review Plan fee of $310.00 in addition to the $405 application fee (Non-refundable)
☐ If requesting Planned Zoning, all documentation required in Zoning Regulations Section 6.4
☐ Additional Fees will be billed later including: Certified Mailings of $9.80 per notice (or current cost) and Newspaper fees which must be paid by Friday the week prior to the scheduled meeting unless otherwise noted. Indicate below who will pay additional fees. Failure to pay these additional fees by the due date may result in the item being removed from the agenda.
☐ **Additional fees to be paid by Representative**
☐ **Additional fees to be paid by Owner**
☐ **Additional fees to be paid by Potential Buyer/Lessee**

The above information is true and correct to the best of my knowledge.

_____ _____
Owner's Signature (REQUIRED) Date Potential Buyer's/Lessee's Signature Date

Representative: (Surveyor, Engineer, Attorney, Etc.)

_____ _____
Name Business/Company Name

_____ _____
Address Office Phone Number

_____ _____
City, State, Zip Email Address

NOTE: Please attach any additional documentation, sketches, permits, names, and addresses as required as minimum information. Failure to provide any of the required material will result in the invalidation of the application. If you plan to show a power point or other digital presentation during the meeting(s) please provide staff a copy at least 24 hours in advance of the meeting date.

Received by: _____ Date _____
Boone County Planning and Building Inspections