

PLANNING AND CODE ADMINISTRATION

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ZONING MAP AMENDMENT APPLICATION

All information must be complete to initiate processing of application

SUBJECT PROPERTY

Street Address

APPLICANT

Business Name

Primary Contact's Name

Street Address

Suite No.

City

State

Zip Code

Phone Numbers: Work

Cell

Email

PROPERTY OWNER

Individuals/Business/Corporation Name (if applicable)

Primary Contact's Name

Street Address

Suite No.

City

State

Zip Code

Phone Numbers: Work

Home

Cell

Email

DEVELOPER

Business Name

Primary Contact's Name

Street Address

Suite No.

City

State

Zip Code

Phone Numbers: Work

Cell

Email

Rezoning to MCD Zone with Schematic Development Plan

Existing Zone

Number of Acres to Re-Zone

A Schematic Development Plan shall also be submitted consisting of the requirements listed in Section 24-12.5

SITE DETAILS:

Number of Lots

Height of Tallest Building (ft.)

Height of Tallest Building (stories)

Total Non-Residential Sq. Ft.

Non-Residential Uses:

Agricultural

Automotive

Commercial Center Multi-Tenant Structure

Entertainment and Recreational

Industrial

Institutional

Public Use

Professional Business Services

Retail and Personal Services

Utilities