

Cannon County Rezoning Application

Application must be completed in its entirety. A non-refundable fee of \$50.00 must be submitted with application.

GENERAL INFORMATION:

Name of applicant _____
(First) (Middle) (Last)

Applicant's Phone Number: _____

Applicant's Mailing Address: _____

Applicant's Interest in Property: Owner Lessor Prospective Purchaser Option Holder

Other: (State Relationship) _____

If interest in property is other than owner, please list owner(s) name:

NATURE AND CHARACTER OF APPLICATION:

Planning Commission

Requested Action: Property Re-zoning

PROPERTY LOCATION:

Address: _____

Parcel Information: _____
District Map Ctl Gp Parcel No. SI

Present Zoning Classification _____ Proposed Zoning Classification _____

Description of Intended Use of Property: _____

Reasons for Request: _____

Applicant's Signature

Date

REVIEW AND ADMINISTRATION:

Meeting Date Set For: _____

Recommendations from Other Agencies, Boards or Departments:

Application Reviewed by Codes Compliance Officer _____ Date _____

Comments and Action:

Application Reviewed by Planning Staff _____ Date _____

Comments and Action:

DISPOSITION

Publication Date of Hearing _____ (Attach newspaper notice)

Public Hearing Commentary _____

ACTION BY PLANNING COMMISSION:

ACTION BY COUNTY COMMISSION:
