

ZONE CHANGE APPLICATION



Name of Applicant: _____

Name of Business (if applicable): _____

Mailing Address: _____

Zone Change Property Address: _____

Email Address: _____ Phone Number: _____

Current Zoning of Parcel: _____ Proposed Zoning of Parcel: _____

Proposed Development: _____

Tax ID Number of Parcel: _____ Acres: _____

I hereby certify the above and foregoing information to be true and correct to the best of my knowledge, and that I am the current owner of record, or that I have attached hereto a notarized statement from the owner of record certifying his knowledge of my application for zone change, and my intended use of the property listed herein.

DATED this _____ day of _____, 20_____.

Applicant

Date of issuance _____

Planning Commission Chair

Mayor, Marysvale Town