

TOWN OF GROTTUES
Rezoning Request Application

The applicant must provide the following information to support their application:

1. A plat of the property drawn to scale showing dimensions and structures.
2. A location sketch of the property showing nearest road intersection.

What are you requesting be rezoned and why? (attach an additional explanation if necessary)

List the names and addresses of owners or occupants of all adjoining, adjacent or property across a road, highway or railroad right-of-way.

1. NAME: _____

ADDRESS: _____

2. NAME: _____

ADDRESS: _____

3. NAME: _____

ADDRESS: _____

4. NAME: _____

ADDRESS: _____

The undersigned declares that the above statements and those contained in any exhibits transmitted to the Governing Body are true.

Applicant (signature) _____ Date _____

Applicant (print) _____ Telephone _____

Physical Address _____

Mailing Address _____

FOR ADMINISTRATIVE USE ONLY:

Sent to Planning Commission? Yes No

Date sent to Planning Commission: _____

JOINT Public Hearing Scheduled? Yes No

Public Hearing Date: _____

Approval by Town Council ? Yes No

Date Approved: _____