

TOWN OF WYTHEVILLE
APPLICATION FOR REZONING

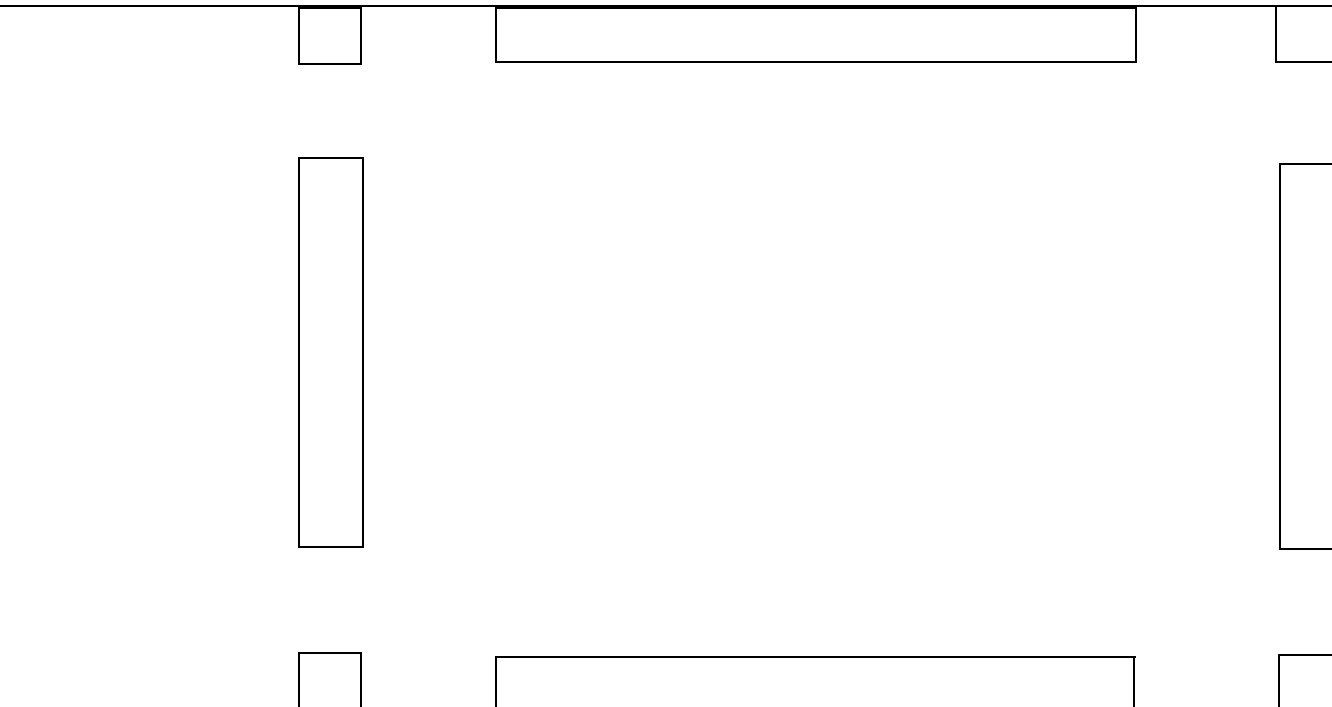
Name of Applicant: _____

Mailing Address of Applicant: _____

Phone Number of Applicant: _____ (Home)
_____ (Other)

I (We) the above named applicant(s) request the property located on the _____
side of _____ Street between _____ Street and
_____ Street described more specifically as lot _____ of
_____ subdivision (or block) be rezoned from _____
(existing zoning classification) to _____ (requested zoning classification).

_____ STREET



_____ STREET

The owner (s) of the above described property are as follows:

() Same as applicant

() Other - Provide Information

Name: _____

Address: _____

Phone: _____

If the property owner is other than the applicant, describe the relationship (i.e., have option on land, legal counsel for owner, etc.) _____

Describe the intended purpose of the request to change the zoning classification of this parcel of property. _____

Describe any improvements (structures, etc.) now existing on the described property. _____

Describe any improvements which are proposed if the rezoning request is approved. _____

I (We) certify the above information is true and correct.

Date: _____

INTERNAL USE ONLY

Date application and fees received: _____

Future Land Use zoning designation: _____

Publication dates for public hearings: Planning Commission: _____

Town Council: _____

Date request was presented to Town Council: _____

Date request was presented to Planning Commission: _____

Date public hearing conducted by Planning Commission: _____

Date recommendation of Planning Commission presented to Town Council: _____

Date Public Hearing conducted by Town Council: _____

Approved () or disapproved ()

Number of ordinance approving the rezoning request: _____