CITY USE ONLY

FILE NUMBER	FILE NAME	
DATE RECEIVED	BY FEE	
HEARING DATE	NOTIFICATION DEADLINE	

Zoning and/or Land Use Change Application

Applicant's Name						
Address	Telephone No					
Applicant's Representative (if applic	eable)					
Address	Telephone No					
Subject Property Legal Description:	Lot Block/Tract Survey Number					
Lot Size:	Subdivision Name					
Township:	Range:					
complete the following: 1. Describe the proposed zone c	change:					
	other pollutants could be caused if the zoning designation					

3.	What types of uses are currently located within 300 feet of the proposed zone change?					
4. planr	What types and sizes of buildings, signs, storage and loading areas, screens, etc. are ned should the zone designation be changed (size, height, type)?					
5.	What utilities will be needed should the proposed zone change be adopted?					
6.	What road(s) provide access to the property proposed for the zone change?					
7.	What type and volume of traffic will be generated by the proposed zone change?					
8. wher	What are your parking needs and where will they be provided (indicate on the plot plan e parking is to be provided)?					

9. Why do you feel that there is a need for the change?					
10	XXII . 1.		0		
10.	What alterna	tive sites are there	e?		
	•	h a zone/land use C-F of the Craig L		tion is approved or denie ent Code.	ed is listed in
maili		of the commission		aled to the city council w Decisions of the city cou	
conta		nformation herew	•	egoing statements and an are in all respects true an	
Date	d this	day of		, 20	
	Chris Pibu	ırn			
Appl	icant			Applicant	
If the		d on this applicati		the sole deed holder of ace, complete the follow	
prope	erties described		reby authorize t	older(s) of record of the he person listed as the apthis application.	
Date	d this	day of		, 20	
Signa	ature(s) of deed	holders:			