

Application for Change of Zone

OFFICE USE ONLY	
Application No. _____	Date Submitted: _____

Wayne County Tax I.D. Number: _____
 (May be obtained from Wayne County Tax Office in the Courthouse; this information is required.)

Frontage: _____ Depth: _____ Area: _____

Present Zoning: _____ Proposed Zoning*: _____

*If Conditional District is requested, please describe the proposed use, justification and reason for change of zone request. _____

NOTE: Six (6) copies of the site plan must be submitted when a Conditional District has been requested. Information on the site plan shall meet or exceed requirements contained within the City's Unified Development Ordinance (UDO).

Project Name: _____

Project Address: _____

Applicant: _____ Phone: _____

Address: _____

Property Owner (If Different from Above): _____ Phone: _____

Address: _____

Agent or Contact Person: _____ Phone: _____

Address: _____

I certify that all statements furnished within this application are true to the best of my knowledge.

 Signature - Applicant

 Date

 Signature - Business Owner

 Date