

**Application Fees:**  
**Conditional Use Zoning \$550 (includes advertisement fee)**  
**General Use Zoning \$500 (includes advertisement fee)**

**CHANGE OF ZONE APPLICATION**

<b>For Office Use Only:</b>	
Application Number: _____	Date Submitted: _____
Fee Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card

**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).**

Type of Application (Please check all applicable):  Conditional Zoning  General Zoning

Name of Development: \_\_\_\_\_

Property Address: \_\_\_\_\_

Total Acreage: \_\_\_\_\_ Frontage: \_\_\_\_\_ Depth: \_\_\_\_\_

Wayne Co. PIN #: \_\_\_\_\_ Current Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

If Conditional Zoning is requested, please describe proposed use, justification and any uses prohibited for the request: \_\_\_\_\_

Applicant (print): \_\_\_\_\_

Applicant Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

Owner (print): \_\_\_\_\_

Owner Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Owner Email: \_\_\_\_\_

**SIGNATURES REQUIRED**

\_\_\_\_\_  
 Applicant – Printed

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Owner – Printed  
 (Notarized Owner Authorization form required)

\_\_\_\_\_  
 Owner Signature

\_\_\_\_\_  
 Date

