

**INDEPENDENCE
PLANNING & ZONING
COMMISSION**

**APPLICATION
FOR
REZONING**

- 1. Case #: _____
- 2. Date Filed: _____
- 3. Fee Paid: _____
- 4. Hearing: _____
- 5. Published: _____

To be filled out by applicant

- 1. Applicant's name: _____
- 2. Applicant's address: _____ Phone: _____
- 3. Address of property proposed for rezoning: _____
- 4. Present owner's name: _____
- 5. Present zoning: _____ Proposed zoning: _____
- 6. Legal description of property proposed for rezoning (if more space is required, use back of form):

- 7. Present use of property (check one of the following): _____
(a) Vacant (b) Residential (c) Commercial (d) Industrial
- 8. Desired use of property: _____
- 9. Use and zoning of adjacent property:
North: Use _____ Zoning _____
South: Use _____ Zoning _____
East: Use _____ Zoning _____
West: Use _____ Zoning _____
- 10. List reasons for this request:

Date: _____ Signature: _____

Planning Commission Action – do not write in this space

- 1. Facts found: _____

- 2. Determination: _____