

## **APPLICATION FOR REZONING**

\*For an amendment to the zoning map, items 1 through 12 must be filled out completely before acceptance of this application for processing.

1.	Property Owner's Name
2.	Property Owner's Address
3.	Telephone NumberE-Mail Address
4.	Developer's Name
	Developer's Address
6.	Telephone NumberE-Mail Address
7.	Present Use of Subject Property
8.	Proposed Use of Subject Property
9.	Present Zoning Requested Zoning
10.	Legal Description of Property Requested to be Rezoned
	Approximate Street Address and Location
11.	Area of Subject Property, Square Feet and/or Acres
12. Zoning of Adjacent Properties	
	North: South:
	East: West:
	following information must be submitted at the time of application:
( )	
I/We, the undersigned, do hereby acknowledge that I/We do agree with the provisions and requirements for an application for rezoning as described above. I/We the undersigned do hereby agree to allow City of Lexington employees or agents working for the City of Lexington to enter the above referenced property as it pertains to this application.	
Sig	nature of Owner Signature of Applicant
Administrative Use Only	
Fili Cer	e Submitted Case Number  ng Fee\$100.00

## Administrative Checklist

- 1. Verify Information on Application
- 2. Inter-Office Notification
  - a. City Manager
  - b. Assistant City Manager
  - c. City Clerk
- 3. Post Property
- 4. Notify owners within 300 feet of property (10 days prior)
- 5. Notification for newspaper (10 days prior)
  - a. Lexington Clipper-Herald
- 6. Verify all GIS maps are prepared for meeting.

## Notes: