

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 Number	E-Mail Address	
4.	Developer's Name		
6.	Telephone Number	E-Mail Address	
7.	Present Use of Subject Property		
8.	Proposed Use of Subject Property		
9.	Present Zoning	_ Requested Zoning	
10.	10. Legal Description of Property Requested to be Rezoned		
	Approximate Street Address and Location		
11.	11. Area of Subject Property, Square Feet and/or Acres		
12. Zoning of Adjacent Properties			
	North:	South:	
	East:	West:	

The following information must be submitted at the time of application:

() Vicinity Map

() Copy of Site Plan ($8\frac{1}{2} \times 11$ or digital copy)

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.

Signature of Owner	Signature of Applicant		
Administrative Use Only			
Date Submitted Filing Fee <u>\$100.00</u> Cert. Of Ownership Date Sign Posted	Case Number Accepted By Date Advertised Date of Public Hearing		

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:



