



# Development Services Department

## Zone Change & Specific Use Permit Request

**Check One:** \_\_\_\_\_ Specific Use Permit (\$200.00) \_\_\_\_\_ Zone Change Permit (\$300.00)

**Property Owners Information**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Applicant Information**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Agent or Engineer Information**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Site Information**

Street Address: \_\_\_\_\_

Legal Description (please include a metes and bounds description if not subdivided): \_\_\_\_\_

Subdivision: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_

Existing zoning designation: \_\_\_\_\_

Proposed zoning designation or use: \_\_\_\_\_

Request (please list the requested Zoning District OR reason for the Specific Use Permit):

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**Minimum Submittal Checklist**

- Metes and bounds description or copy of recorded plat for subject property
- Specific application fee paid
- Site plan of proposed use(s) – required for Specific Use Permits, optional for Rezoning requests
- Letter addressed to the Planning and Zoning Commission explaining what is being requested and the reason(s)
- Any other pertinent information/documentation that the applicant feels would substantiate the request

**Signature**

I hereby certify that the information on this form is COMPLETE, TRUE, and CORRECT and the under signed is authorized to make this application concerning the above described property. I understand that submitting this application does not constitute approval and incomplete applications will result in delays and possible denial. I further request that the Planning & Zoning Commission/Board of Adjustment/Plan Review Committee review this matter and take appropriate action.

X  
\_\_\_\_\_  
Signature of Applicant Date

X  
\_\_\_\_\_  
Signature of Owner Date

**FOR OFFICE USE ONLY**

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTES:  
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