

# *City of Madisonville - Rezoning Application*

## **Minimum Submittal Requirements**

- ☐ \$550 application fee
- ☐ Metes and Bounds Description of the Property
- ☐ Completed and signed application form

## **For Office Use Only**

Case Contacts \_\_\_\_\_

Case Number RZ \_\_\_\_\_

## **PROPERTY OWNER INFORMATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

\_\_\_\_\_  
E-mail Address \_\_\_\_\_

## **APPLICANT INFORMATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

\_\_\_\_\_  
E-mail Address \_\_\_\_\_

## **AGENT OR ENGINEER INFORMATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

\_\_\_\_\_  
E-mail Address \_\_\_\_\_

## SITE INFORMATION

Address \_\_\_\_\_

R Number \_\_\_\_\_

Legal Description \_\_\_\_\_

Total Acreage \_\_\_\_\_

Current Use \_\_\_\_\_

Proposed Use \_\_\_\_\_

Current Zoning \_\_\_\_\_

Is any of the property in the floodplain? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is this property under a conditional use permit? \_\_\_\_\_ Yes \_\_\_\_\_ No

## CERTIFICATION

I hereby certify that I am the owner of the above described property for the purposes of this application. I am respectfully requesting processing and approval of the above referenced rezoning request. I agree to comply with the requirements in all applicable codes. I agree to provide all necessary information concerning this request. I certify that I have been informed and understand the regulations regarding this process as specified by City Ordinance.

\_\_\_\_\_  
Owner's Signature Owner's Printed Name

I also hereby authorize the Applicant, Agent, and/or Engineer listed on this application to act on my behalf during the processing and presentation of this request. They shall be the principal contacts with the City in processing this application.

\_\_\_\_\_  
Owner's Signature/Owner's Printed Name

\_\_\_\_\_  
Applicant's Signature/Applicant's Printed Name

\_\_\_\_\_  
Agent/Engineer's Signature/Agent/Engineer's Printed Name

Please list the reasons for this rezoning request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the changed or changing conditions in the area or City which make this zone change necessary:

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Indicate whether or not this zone change is in accordance with the Future Land Use Plan. If it is not, explain why the Plan is incorrect:

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List any other reasons to support this zone change:

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