



REZONING APPLICATION

Before commencing **any** action on a rezoning project, this application must be completed in its entirety and the non-refundable fee must be paid to the City of Lowden.

A fifty dollar (\$50.00) minimum fee shall be charged. If publication costs exceed TWO-HUNDRED DOLLARS (\$200.00), said additional costs will be billed to the applicant, not to exceed a maximum total charge of FOUR-HUNDRED DOLLARS (\$400.00) per rezoning request.

1. NON-REFUNDABLE FEE: \$ _____ DATE PAID _____

2. LOCAL ADDRESS OF PROPERTY TO BE REZONED:

LEGAL DESCRIPTION: (May be attached)

4. PRESENT ZONING CLASSIFICATION:

5. PROPOSED ZONING CLASSIFICATION:

6. EXISTING USE OF THE PROPERTY:

7. PROPOSED USE OF THE PROPERTY:

8. STATEMENT OF THE REASONS WHY THE APPLICANT FEELS THE PRESENT ZONING CLASSIFICATION IS NO LONGER VALID:

9. DESCRIPTION OF PROPOSED PROJECT:

10. COPY OF PLAT 8 1/2 BY 11 INCHES OR 8 1/2 BY 14 INCHES OF THE PROPERTY AND IF APPLICABLE SHOWING ALL PROPERTY WITHIN THREE HUNDRED (300) FEET:

North Arrow
Location of Property
Use of Property



- Size of Applicant Property
- Existing and Proposed Buildings and Parking
- Dimensions
- All utility easements
- Water courses, floodways, floodplains and wetlands
- Proposed right-of way lines and building setback lines
- Streets
- Alleys
- Other physical features

11. Please indicate whether the property is involved in any of the following by placing a check mark by all that apply:

_____ Bankruptcy _____ Contract Sale _____ Civil Suit _____ Foreclosure

13. PRINT NAMES AND MAILING ADDRESSES OF ALL PROPERTY OWNERS WITHIN THREE HUNDRED (200) FEET OF PROPOSED REZONED PROPERTY AND SIGNATURE OF EACH OWNER OF THE PROPERTY TO BE REZONED WITH DATE:

Name: _____ Address: _____

SIGNATURES/DATED _____

Name: _____ Address: _____

SIGNATURES/DATED _____

Name: _____ Address: _____

SIGNATURES/DATED _____

Name: _____ Address: _____

SIGNATURES/DATED _____

Name: _____ Address: _____

SIGNATURES/DATED _____

Name: _____ Address: _____

SIGNATURES/DATED _____

(Attach additional names and addresses as required)

Applicants Name:

Address: _____ Date: _____

Phone Number: Home _____ Work: _____ Cell: _____

Owner's Name:



Address: _____ Date: _____

Phone Number: Home _____ Work: _____ Cell: _____

Please include site plans prepared by an Engineer, Architect, Urban Planner or similar professional. The application, the filing fee and the site plan are required to be submitted jointly. If any of these items are not included or found to be incomplete, a processing delay or rejection of the application may result.

Failure to approve an application for rezoning shall not be construed as any reason for refunding the fee to the applicant.