

CITY OF RANDOLPH

Date: _____

Planning Commission Hearing Date: _____

REQUEST FOR REZONING

City Council Hearing Date : _____

1. Applicant's name _____

2. Applicant's address _____

3. Applicant's phone number _____

4. Please list the name, address, and phone number of property owner if different from applicant _____

5. Legal description of property _____

6. Present zoning classification _____

7. Present use of property _____

8. Requested zoning classification _____

9. Explanation of request _____

10. Must include a drawing or site plan of proposed use.

I, the undersigned owner/applicant of the subject property, certify that the above statements are true and correct to the best of my knowledge and belief.

OWNER/APPLICANT'S SIGNATURE: _____ DATE: _____

For Office Use Only

PERMIT APPROVED _____ NOT APPROVED _____ PERMIT # _____

Mayor

Date

ATTEST: _____
Zoning Administrator

Date