



Application to Amend the Official Zoning Map of the Village of Flat Rock for
REZONING APPLICATION # _____

1. PROPERTY OWNER INFORMATION

Property Owner Name

Mailing Address

City, State, Zip Code

Telephone Number(s)

E-mail Address

Note:

The property owner must file applications for zoning map amendments. If owners of multiple parcels are requesting rezoning one owner should sign the application and attach statements or other documents showing support for the application with signatures from the other owners including property owner names and mailing addresses as well as property identification numbers (PIN's).

2. SUBJECT PROPERTY INFORMATION

Attach a description of the property for which rezoning is being proposed. Such description may be in the form of a property survey, a legal description or a legible copy of the Flat Rock Zoning Map which shows the proposed zoning district boundary changes.

Size of Area to be Rezoned: _____ PIN Number(s): _____

Current Zoning: _____ Proposed Zoning: _____

3. ADJACENT PROPERTY INFORMATION

Attach a list of property owner names, mailing addresses and parcel ID numbers for parcels adjacent to the property proposed for rezoning.

4. BRIEFLY EXPLAIN THE REASONS FOR REQUESTING REZONING AND
INDICATE HOW THE PROPOSED REZONING MAY AFFECT ADJACENT
PROPERTIES.

I certify that the information contained in this application is accurate to the best of my knowledge.

Signature of Property Owner

Date

Staff Use Only

Application Received By: _____ Date: _____

Date Application fee paid: _____ Check (payable to Village of Flat Rock) or Cash

Non-refundable application fee: \$ _____ Receipt No: _____