Village of Magnetic Springs
Zoning Regulation

Application for Zoning Amendment

Date Received _____ Application No. _____

1. Address of the property subject to this application:
   _____
2. Name of property Owner(s): _____
3. Property Owner phone number: _____
4. Property Owner(s) address:_____
5. Attorney Name (if any): _____
6. Attorney's Phone Number: _____
7. Attach a legal description of the subject property. (A copy of the deed contains the required description – if you are in doubt, show the zoning inspector what you have prior to obtaining a survey).
8. Description of existing use: _____
9. Zoning District: _____
10. Proposed Use:
    _____
    _____
    _____
11. A vicinity map at scale approved by the zoning inspector showing property lines, thoroughfares, existing and proposed zoning and such other items as the zoning inspector may require.
12. Attach a list of all property owners and their mailing addresses who are within, contiguous to and directly across the street from the parcel(s) proposed to be rezoned and others that may have a substantial interest in the case, except that addresses need not be included where more than (ten) parcels are to be rezoned.

Under penalty of Perjury, I hereby certify that the information contained in this application is true and accurate to the best of my knowledge.

_____/____/_____
(Signature of Applicant and Date (Month/Day/Year)