PLANNING & ZONING COMMISSION
APPLICATION REQUEST

Applicant's Name: _____

Current Address: _____

_____

Phone Number: _____

I hereby submit the following:

_____ Subdivision Plat
_____ Subdivision Re-Plat
_____ Rezoning Request

Rezoning from _____ to

_____ for the purpose of _____

_____

Zoning Ordinance Amendment Fee	$100.00
Plat Filing Fee	Charged per county rate
Subdivision Plat Review	$100.00
Subdivision Plat Review	
1-20 Houses	$250.00
20+ Houses	$500.00
Commercial Rezoning Plat Review	$750.00

A Public Hearing date will be set and you will be notified of the time, date and place when the $100 application fee is paid. Your presence at the hearing is required.

_____
Signature of Applicant