Zoning Map Amendment Application

Applicant(s) Information

Name of Applicant(s): _____
Address: _____
Phone: _____
Email: _____

Property Owner Information

(Submit information on each person for multiple owners)

Name of Applicant(s): _____
Address: _____
Phone: _____
Email: _____

Property Legal Description

Subdivision Name/Survey & Tract Numbers: _____
Lot Number(s): _____ Block Number(s): _____
Number of Lot(s)/Tract(s): _____ Number of Acre(s): _____

Owner(s) Certification

This is to certify that _____, the undersigned is/are the sole owner(s) of the property described upon this application.

_____ _____
Applicant/Owner Signature Date

Please note that all applications must be accompanied by all supporting documentation and fees before acceptance. Application fees are non-refundable in the event of denied application

Zoning map amendments may only be granted where all the following requirements are met. Indicate how your application meets each of these requirements in the space provided.

Zoning Map Amendment:

1. The land being rezoned is presently inconsistent with the Comprehensive Plan:

   _____

   _____

   _____

2. The character of the surrounding area is transitioning or being affected by other factors, such as traffic, a new school, adjoining uses, or environmental issues:

   _____

   _____

   _____

3. The rezoning is necessary to allow a land use not anticipated by the UDC or Comprehensive Plan:

   _____

   _____

   _____

4. There will be benefits derived by the community and in the area where the amendment is proposed:

   _____

   _____

   _____

5. The amendment, if approved, would be compatible with the surrounding area and would not constitute "spot zoning":

   _____

   _____

   _____

I HEREBY ATTEST THAT, TO THE BEST OF MY KNOWLEDGE, MY REQUEST MEETS ALL APPLICABLE REQUIREMENTS AS STATED ABOVE.

_____ _____

Applicant/Owner Signature Date

SUBMITTAL REQUIREMENTS CHECKLIST

☐ Completed application and fees

☐ A statement that describes the requested Zoning Map Amendment and rationale for the request

☐ The legal description and survey plat of the subject property

OFFICE USE ONLY

Application Fee:_____ Received Date:_____

Administrative Completeness: ☐ Complete ☐ Incomplete Date:_____

If incomplete, list the items to be completed:_____

_____

Reviewed by:_____

TIMELINE CHECKLIST

Pre-Application Meeting:_____

Copies to Village Administrator/Building Official/Village Engineer:_____

Comments and recommendations from staff:_____

Comments to applicant:_____

Resubmission received (if applicable):_____

Resubmission redistributed (if applicable):_____

Notification letters to property owners:_____Number of Letters:_____

Legal Notice in newspaper:_____Newspaper:_____

Planning and Zoning Meeting:_____

Item: ☐ Approved ☐ Disapproved ☐ Approved with conditions:

_____

City Council Meeting:_____

Item: ☐ Approved ☐ Disapproved ☐ Approved with conditions:

_____