



MUNICIPAL ZONING APPLICATION

PROPERTY INFORMATION:

Address: _____
Legal Description: Lot(s) _____ Block _____ Subdivision _____

OWNER INFORMATION:

Owner Name _____ Daytime Phone _____
Signature _____
Mailing Address _____

APPLICANT INFORMATION:

Applicant Name _____ Daytime Phone _____
Signature _____
Mailing Address _____

DESCRIPTION OF REQUEST:

(Attach additional sheets and diagrams, if necessary)

TYPE OF REQUEST:

Rezoning Request (Fee \$150.00) Specific Use Permit (Fee \$150.00)

I do hereby certify that the above information is true and correct to the best of my knowledge.

Signature of Property Owner

Date

Signature of Applicant

Date

NOTE: This application **will not** be processed unless accompanied by a filing fee as indicated above, please make checks payable to "City of Center".

Date filed _____ **Case number** _____ **Accepted by** _____