

APPLICATION FOR REZONING

REQUEST FOR REZONING: _____

NAME OF APPLICANT: _____

PHONE NUMBER: _____

ADDRESS: _____

NAME OF PROPERTY OWNER: _____

LOCATION AND LEGAL DESCRIPTION OF PROPERTY: SEE ATTACHED DEED.

PRESENT ZONING OF PROPERTY: _____

PLANNED USE OF PROPERTY: _____

(Attached plans showing plot plan and off-street parking).

DOES THIS PROPERTY HAVE RESTRICTIVE COVENANTS: _____

HAS ANY REQUEST FOR REZONING FOR THIS PROPERTY EVER BEEN MADE BEFORE: _____

It is understood and agreed by the applicant, and permission is hereby granted to the Zoning Director for the inspections, investigations and/or evaluation reports by the proper agencies, pertaining to said property. In the event such investigation, etc., disclose this property does not meet the requirements for the proposed usage, then this request will be held in abeyance until such time as those requirements are met and/or evidence of such is submitted.

The above information is true, correct and complete to the best of my knowledge.

(Applicant Signature)

(Property Owner)

STATE OF MISSISSIPPI
COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME, IN
MY PRESENCE, THIS THE _____
DAY OF _____, 20____. A NOTARY
PUBLIC IN AND FOR THE COUNTY OF _____,
STATE OF MISSISSIPPI.

NOTARY PUBLIC
My Commission Expires:

