

City of Jacksonville
APPLICATION FOR REZONING
(submit to the Inspections Department)

Date _____

TO THE CITY COUNCIL and PLAN COMMISSION:

I (we) the undersigned, do hereby respectfully make application and petition to the City Council to amend the Jacksonville Zoning Ordinance and to change the Zoning Map of the City of Jacksonville as hereinafter requested, and in support of this application, the following facts are shown:

1. The property sought to be rezoned is located at _____

between the following streets: _____ and _____

It has a frontage of _____ feet and a depth of _____ feet with an area of _____ acres/ _____ square feet.

2. Request is being made that the foregoing property be rezoned from _____ to _____ district.

(specifically described; i.e. one-family dwelling district; central business district; light industrial district)

3. Legal description (as shown on the deed or other legal document; do not use legal description on a real estate tax bill).

(attach information, if necessary)

4. The property sought to be rezoned is owned by: _____

whose address is _____

5. Prior applications to rezone this property ___ have ___ have not been made.

If prior rezoning of property occurred, complete: On _____, application was made to rezone the property from _____ to _____ zoning district, and the request was ___ approved; ___ denied.

6. The proposed use for this property, if rezoned, will be: _____

7. The following described buildings will be constructed: _____

8. It is proposed that the following set back and off street parking provisions will be made:

Applicant's Signature: _____

Print name: _____

Address: _____

Email Address: _____

Day time phone number: _____

(complete the information on the reverse side)

