

CITY OF ESTHERVILLE

APPLICATION FOR ZONING RECLASSIFICATION

I (We) _____ the owner(s) of the following described property, to wit: (Use separate sheet if necessary)

hereby request consideration of a zoning reclassification from _____ to _____.

Existing Use of Property: _____

Proposed Use of Property: _____

List the names and addresses of the owners of all property within two hundred (200) feet of the property for which the change is requested (Use separate sheet if necessary):

State below the reason(s) why you feel the present zoning classification is no longer valid:

Attach a separate plat showing the location, dimensions, and use of your property and all other property within two hundred (200) feet thereof, including streets, alleys, railroads, and other physical features.

Applicant also agrees to pay a **\$25.00** filing fee to cover administrative costs and **\$15.00** to cover the cost of publication. Said filing fee must accompany this application.

Signed this _____ day of _____, 200_.

(Owner's Signature)

* * * * *

Application and fee received by P & Z Representative _____

Referred to Planning/Zoning Commission _____

Planning/Zoning Commission recommendation to Council _____

Hearing notice given _____ Council hearing held _____

Council action _____