

TOWN OF FRIENDSHIP REZONING APPLICATION

Property Owner Name: _____

Property Owner Address: _____

Contact Number and Email: _____

Petitioner Name (if different from owner): _____

Petitioner Address: _____

Contact Number and Email: _____

Location of the Rezoning action:

Parcel Number: _____

Street/Fire Number and Name: _____

Legal Description (attach to application): _____

Parcel Area and Dimensions: _____

Current Zoning _____

Proposed Zoning (if applicable): _____

Current property use: _____

Proposed property use (if applicable): _____

Describe in detail the reason(s) for this rezone petition and specify the proposed use:

1. A check in the amount of \$250.00 payable to the Town of Friendship for costs incurred convening a public hearing. The Town of Friendship reserves the right to request reimbursement for additional costs over the amount of the initial hearing fee.

2. Attach map of area, drawn to scale, outlining the parcel(s) to be re-zoned, identifying all adjacent streets, properties and existing zoning and present uses on all adjacent properties.

3. Names and addresses of neighbors closest to the property for which this rezoning is requested.

4. The decision of the Plan Commission is advisory only. The Town Board has the final decision.

I hereby certify that all the above statements and attachments submitted hereto are true and correct to the best of my knowledge.

Signature of Applicant _____ Date _____