



REZONING APPLICATION

Name, Address, Contact Information:

Parcel Number:

Legal Description (attach to application):

Parcel Area and Dimensions:

Current Use and Zoning:

Proposed Use and Zoning:

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

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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 _____