

DAVISON COUNTY REZONING APPLICATION

Applicant Name: _____

Applicant Address: _____

Applicant Email: _____

Application date: _____

Application deadline: _____

Contact Phone: _____

Owner Name: _____

Owner Address: _____

Owner Contact Phone: _____

Parcel Number: _____

Property Address: _____

Legal Description of parcel: _____

Reason for Rezoning: _____

Existing Use of Property: _____

Present Zoning Classification: _____

Proposed Zoning Classification: _____

Section of Code Allowing Rezoning: _____

Fee Collected for Rezoning (\$200): _____

Check #: _____

Receipt #: _____

Planning Commission Hearing Date: _____

County Commission Hearing Date: _____

Required Items:

- Detailed site plan (GIS Photo of the property)
- Location and use of adjacent structures/land _____
- Application Fee

Signatures of Applicant: _____ **Date:** _____