

Administrative Use Only

Date Submitted _____	Case Number _____
Filing Fee <u>\$100.00</u> _____	Accepted By _____
Cert. Of Ownership _____	Date Advertised _____
Date Sign Posted _____	Date of Public Hearing _____

APPLICATION FOR REZONING

CITY OF LEXINGTON

*For an amendment to the zoning map, items 1 through 12 must be filled out completely before acceptance of this application for processing.

1. Property Owner's Name _____
2. Property Owner's Address _____
3. Telephone Number (Home) _____ (Work) _____
4. Developer's Name _____
5. Developer's Address _____
6. Telephone Number (Home) _____ (Work) _____
7. Present Use of Subject Property _____
8. Proposed Use of Subject Property _____
9. Present Zoning _____ Requested Zoning _____
10. Legal Description of Property Requested to be Rezoned _____

- Approximate Street Address and Location _____
11. Area of Subject Property, Square Feet and/or Acres _____
12. Characteristics of Adjacent Properties (including zoning and actual use)
 North: _____ South: _____
 East: _____ West: _____

The following information must be submitted at the time of application:

- | | |
|---|---|
| <input type="checkbox"/> Application Fee | <input type="checkbox"/> Vicinity Map |
| <input type="checkbox"/> Justification of Rezoning | <input type="checkbox"/> Written Statement of Authorization from all
Property Owners |
| <input type="checkbox"/> Blueline copies of site plan | |
| <input type="checkbox"/> Reduced copy of site plan | |

I/We, the undersigned, do hereby acknowledge that I/We do agree with the provisions and requirements for an application for rezoning as described above. I/We the undersigned do hereby agree to allow City of Lexington employees or agents working for the City of Lexington to enter the above referenced property as it pertains to this application.

Signature of Owner

Signature of Applicant