



Zoning Application

Summary Form

Applicant Name (*Last, First*) _____

Daytime Phone _____ Other Phone _____

Email Address _____

Mailing Address _____ City _____ State ____ ZIP _____

Property Address _____ City _____ State ____ ZIP _____

Owner (if other than applicant) _____

Applicable Current Zoning Districts:

R-1-A	R-2	B-1	Institutional
R-1-B	R-3	B-2	Business Park
R-1-C	R-4	B-3	Mixed Use
R-1-D	R-5	I-1	
R-1-E	R-6	I-2	

Type of Zoning Request:

Concept Review	Zoning District Change
Conditional Use Permit	Subdivision Approval
Variance	Ordinance Amendment
Other	

I hereby certify that all data contained herein as well as all supporting data are true and correct to the best of my knowledge.

X Applicant Signature _____ **Date** _____

X Owner Signature _____ **Date** _____

Administrative Data Summary (*Office Use Only*)

Planning Commission Action Date _____

Approved

Denied

Council Action Date _____

Approved

Denied

Resolution Number _____

Date of Public Hearing Notice _____

Date of Public Hearing _____

Application Received _____

Fee Paid _____

Referred to City Engineer _____

Referred to City Attorney _____

Referred to Watershed District _____