

City of Seymour Request for Rezoning

Application Fee \$150

Applicants Name: _____

Applicants Address: _____

Phone Number: _____

Project Location: _____

Existing Use: _____

Proposed Use: _____

Existing Zoning: _____

Requested Zoning: _____

Reason for request:

Property Owner Signature: _____ Date: _____

Please attach map of property you are requesting to have rezoned.

*****Office Use Only*****

Date Application Received: _____ Date Public Hearing Scheduled: _____ Date Paid: _____

Recommendation by Planning and Zoning Board: _____

Date: _____ Name: _____ Signature: _____

Chairman

Chairman