



PLANNING & ZONING COMMISSION  
APPLICATION REQUEST

Applicant's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

I hereby submit the following:

- \_\_\_\_\_ Subdivision Plat
- \_\_\_\_\_ Subdivision Re-Plat
- \_\_\_\_\_ Rezoning Request

Rezoning from \_\_\_\_\_ to  
\_\_\_\_\_ for the purpose of \_\_\_\_\_  
\_\_\_\_\_

Zoning Ordinance Amendment Fee	\$100.00
Plat Filing Fee	Charged per county rate
Subdivision Plat Review	\$100.00
Subdivision Plat Review	
1-20 Houses	\$250.00
20+ Houses	\$500.00
Commercial Rezoning Plat Review	\$750.00

A Public Hearing date will be set and you will be notified of the time, date and place when the \$100 application fee is paid. Your presence at the hearing is required.

\_\_\_\_\_  
Signature of Applicant