

**TOWN OF WYTHEVILLE**  
**APPLICATION FOR REZONING**

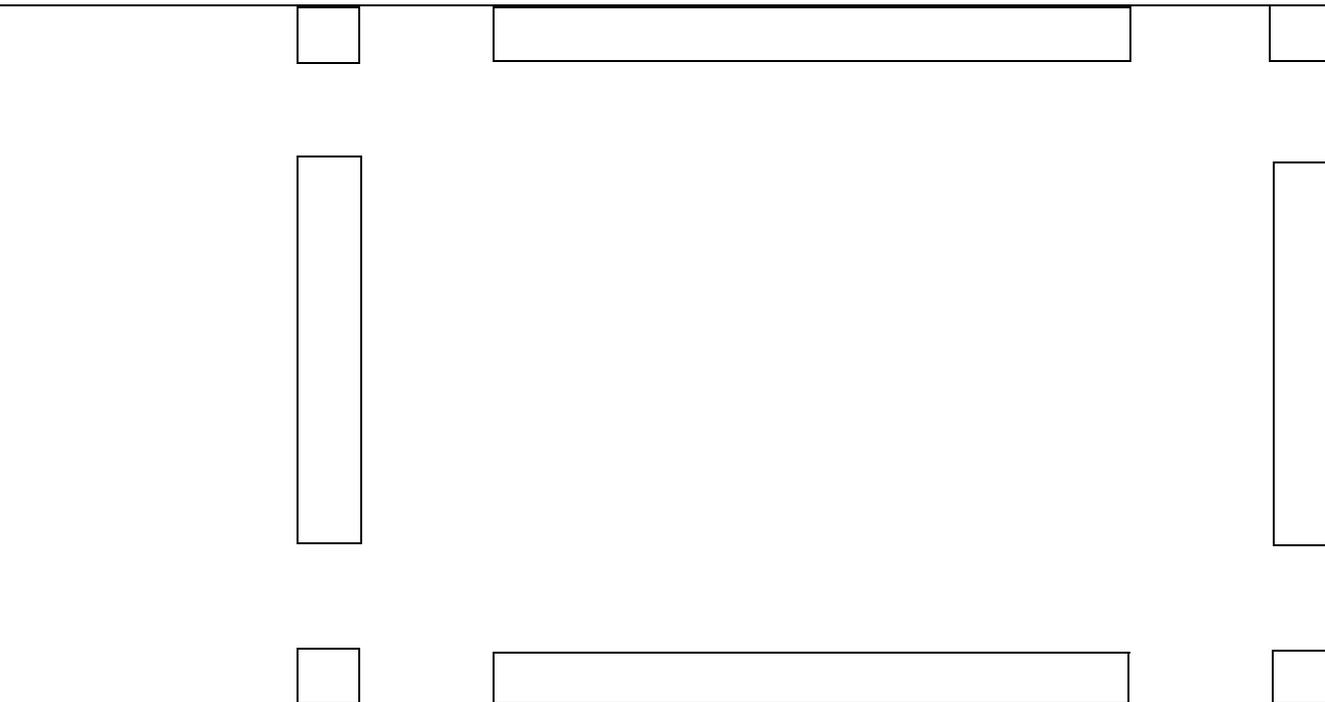
Name of Applicant: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

Phone Number of Applicant: \_\_\_\_\_ (Home)  
\_\_\_\_\_ (Other)

I (We) the above named applicant(s) request the property located on the \_\_\_\_\_  
side of \_\_\_\_\_ Street between \_\_\_\_\_ Street and  
\_\_\_\_\_ Street described more specifically as lot \_\_\_\_\_ of  
\_\_\_\_\_ subdivision (or block) be rezoned from \_\_\_\_\_  
(existing zoning classification) to \_\_\_\_\_ (requested zoning classification).

\_\_\_\_\_ STREET



\_\_\_\_\_ STREET

The owner (s) of the above described property are as follows:

( ) Same as applicant

( ) Other - Provide Information

Name: \_\_\_\_\_

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

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

If the property owner is other than the applicant, describe the relationship (i.e., have option on land, legal counsel for owner, etc.) \_\_\_\_\_

\_\_\_\_\_

Describe the intended purpose of the request to change the zoning classification of this parcel of property. \_\_\_\_\_

\_\_\_\_\_

Describe any improvements (structures, etc.) now existing on the described property. \_\_\_\_\_

\_\_\_\_\_

Describe any improvements which are proposed if the rezoning request is approved. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I (We) certify the above information is true and correct.

\_\_\_\_\_

Date: \_\_\_\_\_

**INTERNAL USE ONLY**

Date application and fees received: \_\_\_\_\_

Future Land Use zoning designation: \_\_\_\_\_

Publication dates for public hearings: Planning Commission: \_\_\_\_\_

Town Council: \_\_\_\_\_

Date request was presented to Town Council: \_\_\_\_\_

Date request was presented to Planning Commission: \_\_\_\_\_

Date public hearing conducted by Planning Commission: \_\_\_\_\_

Date recommendation of Planning Commission presented to Town Council: \_\_\_\_\_

Date Public Hearing conducted by Town Council: \_\_\_\_\_

Approved ( ) or disapproved ( )

Number of ordinance approving the rezoning request: \_\_\_\_\_