

CITY OF SKIATOOK
APPLICATION FOR REZONING

SKZ-

GENERAL LOCATION: _____

REQUESTED ZONING: _____ PROPOSED USE: _____

RECORD OWNER: _____ PRESENT USE: _____

LEGAL DESCRIPTION OF TRACT UNDER APPLICATION: (IF BY METES AND BOUNDS ATTACH PLAT OF SURVEY)

IF APPLICANT IS OTHER THAN OWNER, PLEASE INDICATE INTEREST:
EXAMPLES: PURCHASER, LESEE, AGENT FOR, OR OTHER
ARE THERE ANY PRIVATE OR DEED RESTRICTIONS CONTROLLING USE OF TRACT?

BILL ADVERTISING & SIGN CHARGES TO: _____ NAME: _____

ADDRESS: _____ PHONE: _____

I DO HEREBY CERTIFY THAT THE INFORMATION HEREIN SUBMITTED IS COMPLETE, TRUE, AND ACCURATE.

SIGNED: _____ ADDRESS: _____

PHONE: _____

APPLICANT-DO NOT WRITE BELOW THIS LINE

APPLICATION RECEIVED BY: _____ DATE: _____

TRACT AVERAGE: _____ P.H. DATE: _____

APPLICATION NO SKZ-	_____	SEC.	_____	TWP.	_____	RG.	_____
PRESENT ZONING:	_____	PROPOSED ZONING:	_____				
APPLICATION FEE	_____	APPLICATION FEE RECEIPT#	_____				
\$125.00	_____		_____				

<u>SKPC RECOMMENDATION:</u>	_____	<u>CITY COUNCIL ACTION:</u>	_____
RECOMMENDATION:	_____	RECOMMENDATION:	_____
DATE: _____	VOTE: _____	DATE: _____	VOTE: _____
PROVISIONS: _____		PROVISIONS: _____	

STAFF RECOMMENDATION:

RECOMMENDATION: _____ DATE: _____

SUBDIVISION NAME: _____ ORD. # _____