

Date: _____ Name: _____

I (we), the undersigned, do hereby respectfully make application and request the Planning Board and the Board of Aldermen to amend the Zoning Ordinance and/or the Official Zoning Map of the Town of Long View as herein requested.

- NOTE:** If more than one property is requested for rezoning, attach a list of Parcel Identification Numbers for each property along with the name and mailing address of each property owner.

- [illegible]

Zoning/Application for Re-Zoning

6. Neighborhood Characteristics:

Please fill in the blanks below indicating the zones and land uses adjacent to the property requested to be rezoned.

<u>Location</u>	<u>Present Zoning</u>	<u>Present Land Use</u>
North	_____	_____
East	_____	_____
South	_____	_____
West	_____	_____

7. Attach an accurate map of the property requested for rezoning. The map must show all lot dimensions, right-of-way widths, current land uses of the subject property and adjacent property. Applications that do not contain a map will not be processed and will be returned to the applicant for completion. Staff will assist in directing the applicant in obtaining a map.

I hereby certify that the above information is true and accurate to the best of my knowledge and belief.

Signature of Applicant or Agent

Date

Daytime Telephone Number

This application must be filed with the Town Clerk not less than twenty (20) days before a regularly scheduled meeting of the Planning Board. The Planning Board meets on the third Thursday of each month.

A non-refundable application fee of one hundred and fifty dollars (\$300.00) must be paid at the time of submission.