

CITY OF FLORENCE
APPLICATION FOR RE-ZONING HEARING
(\$150.00 Application Fee Required)

DATE: _____

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE NO.: _____

(1) SUMMARY DESCRIPTION OF RE-ZONING DESIRED:

(If additional space is needed, write on back side)

(2) PLEASE STATE THE CURRENT ZONING. _____

(3) LOCATION AND DESCRIPTION OF SUBJECT PROPERTY FOR WHICH YOU ARE SEEKING RE-ZONING: (Please attach a copy of the legal description of the subject property.) _____

(4) STATE YOUR INTEREST IN THIS PROPERTY. (Whether you are the owner of said property, potential purchaser, lessee, etc.) _____

(5) STATE CONDITIONS UPON WHICH YOU BASE YOUR REQUEST AND JUSTIFICATION FOR RE-ZONING: _____

(6) STATE WHAT MEASURES WILL BE TAKEN FOR LANDSCAPING. IF A LANDSCAPING PLAN IS AVAILABLE PLEASE ATTACH. _____

(Print Applicant's Name)

APPLICANT'S SIGNATURE

Application Fee Collected by: Cash _____ Check _____ -

LINDA WIGLEY, CITY CLERK