

CITY OF WHITEWOOD REZONING MAP CHANGE PROCEDURE:  
THE FILING FEE FOR A C.O.Z. IS \$100.00. (Non-refundable)

1. Discuss the proposed amendment with the Finance Office, Building Inspector and the Planning Commission.
2. Complete the application, sign and return with payment to the City Finance Office. In addition to the above you will need to provide a written letter including the following:
  - ✓ Petitioner's name and address of all people represented on the application (petition must be signed by 40% of private landowners in such district)
  - ✓ Legal Description
  - ✓ Illustrative map, plat or survey
  - ✓ Detailed description of the need for the amendment
3. Upon submittal of the above, staff will provide you with the dates and times of the following meetings: (these dates are subject to change)

Planning Commission Review and Recommendation Meeting: (4th Wednesday)

City Council Public Hearing: (1st and 3rd Monday)
4. Order of Meetings and Requirements:
  - ✓ Application shall be reviewed by the Planning Commission within 45 days
  - ✓ Planning Commission shall give a recommendation to the City Council
  - ✓ The Council shall schedule a Public Hearing for Application.
  - ✓ Legal Notice of said hearing shall be published in the legal newspaper 10 days prior to the scheduled hearing
  - ✓ Applicant shall notify all property owners by certified mail within 200 feet, 5 days prior to the scheduled hearing. This notice shall include information regarding the Use on Review and the time, date and location of hearing.
  - ✓ City Council shall hold the public hearing and shall make a decision to approve/deny or send back to the Planning Commission for further study and action.
5. It is recommended that the petitioner or a representative attend the Planning Commission and City Council meetings to answer any questions.

# REZONING APPLICATION - ZONING MAP CHANGE

City of Whitewood  
1025 Meade Street  
Whitewood, SD 57793  
605-269-2247

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

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

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

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

**Requested Change of Zoning is From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Location of Property: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Acres: \_\_\_\_\_ Purpose: \_\_\_\_\_

Existing Land Use: \_\_\_\_\_ Proposed Land Use: \_\_\_\_\_

Surrounding Zoning: North: \_\_\_\_\_ South: \_\_\_\_\_ East: \_\_\_\_\_ West: \_\_\_\_\_

Physical Characteristics: \_\_\_\_\_ Utilities: \_\_\_\_\_

**The OWNER, APPLICANT, OR AUTHORIZED AGENT, ACKNOWLEDGES: That he/she has read and received a copy of the instruction sheet and this application form concerning the filing and hearing of this matter; that he/she authorizes the City of Whitewood staff and designees to enter onto and inspect the above-described property; and that he/she has been advised of the fee requirements and they have been paid on \_\_\_\_\_ Check # \_\_\_\_\_**

\_\_\_\_\_  
Applicant/Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

Office Use Only	
Planning/Zoning Meeting: _____	Date of Publication: _____
Approved	Rejected
City Council Meeting: _____	Date of Publication: _____
Approved	Rejected
_____ Administrative Official	_____ Date