

# Application for Re-Zoning

## City of Eupora

390 Clark Ave

Eupora, Mississippi 39744

662.258.2291

Email: euporapublicworks@gmail.com



### APPLICANT INFORMATION

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

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

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

Email: \_\_\_\_\_

### OWNER INFORMATION

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

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

Email: \_\_\_\_\_

### PROPERTY INFORMATION

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

Parcel Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_

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

Is Property in a Historic District: Y/N \_\_\_\_\_

Current Zoning: \_\_\_\_\_

Reason for amendment: \_\_\_\_\_ Error \_\_\_\_\_ Change in conditions

### PROJECT DESCRIPTION

Proposed Use: \_\_\_\_\_ Commercial (C-1, C-2, CMU)  
\_\_\_\_\_ Residential (R-1, R-2)  
\_\_\_\_\_ Industrial  
\_\_\_\_\_ Agricultural  
\_\_\_\_\_ Other

*The applicant and property owner affirm that all information submitted with this application; including any/all supplemental information is true and correct to the best of their knowledge and they have provided full disclosure of the relevant facts.*

**Applicant's Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Property Owners Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_  
*(if applicant is not property owner)*