

CITY OF AUBURN

APPLICATION FOR REZONING OR TEXT CHANGE

(Must Be Submitted At Least Four (4) Weeks Prior To Meeting)

Completed Application must include all fees, 10 full size copies and 1 reduced copy.

\$ 200.00 Fee

Applicant: _____ Date: _____

Address: _____

Telephone: () _____ Fax: () _____

Applicants Signature: _____

Owner (If different than applicant): _____

Address: _____

Telephone () _____ Fax () _____

Owner's Signature _____

Subject Property Address: _____

Legal Description (Provide the legal description of the property affected - if additional space is needed please attach on a separate sheet to this application):

Current Zoning: _____

Proposed Zoning _____

A survey or map of this property showing existing zoning boundaries, parcel boundaries and requested zoning boundaries is attached.

For Office Use Only:

Date Filed: _____ Amount Paid: _____

Hearing Date: _____ Current Zoning: _____

Parcel Identification Number: _____

Date Notices Sent: _____

Planning Commission Date & Decision: _____

City Commission Date & Decision: _____