

CITY OF THE VILLAGE OF DOUGLAS APPLICATION FOR REZONING

1. Name and Address of Applicant: _____

2. Telephone number of Applicant:
Business _____ Home _____ Cell _____
3. Legal description of property requested for rezoning:

4. Address of property _____

5. Permanent Parcel # _____
6. Is the Applicant the owner of the subject property? Yes () No ()
If the Applicant is not the owner, state the name and address of owner:

7. Attach a copy of the Village of Douglas Zoning Map showing clearly the location of the subject property.
8. Describe the present use of the property:
(Attach additional sheets if necessary)

9. Describe the specific rezoning you are requesting and your reasons for making the request: (Attach additional sheets if necessary).

10. Please state why you feel your rezoning request would be compatible with existing and surrounding land uses and zones:

11. Please identify in what way(s) your rezoning request is compatible with the city's master plan (Tri-Community Comprehensive Plan):

Dated _____

Applicant Signature

\$300.00 Application Fee Received

Date