

TOWN OF DISH ZONING CHANGE REQUEST APPLICATION

Applicant/Owner/Agent: _____
(circle one)

Mailing Address: _____ Phone: _____ Fax: _____

Owner's Name(s) if different: _____

Owner's Address: _____ Phone: _____ Fax: _____

City: _____ State: _____ Zip Code _____

Engineer or Surveyor if applicable: _____

General Location of Property: _____

Legal Description of Property: _____
(Attach Complete Metes and bounds Description)

Submit the names and address of all property owners within 200' of the subject property.

Variances: If a variance(s) is requested please attach variance request form for each variance.

Current Zoning Designation: _____

I hereby request that the Zoning Designation be changed to: _____
.....

I certify that the information concerning this proposed zoning change is true and correct and that I am the owner of record or the authorized agent for the owner of the above described property.

Signature

Date

Application complete? _____ Fee Paid:\$ _____ Date to appear before: COUNCIL _____ Remarks: _____ _____	Received by: _____ Date: _____ Time: _____
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A NOTARIZED statement that authorizes the agent to represent the owner in this matter must be attached to this application.