## REZONING APPLICATION TOWN OF MINT HILL

## Complete All Fields

Office Use Only	
Petition #:	
Date Filed:	
Received By:	

Property Owner:	OWNERSHIP INFORMATION:	Nocowa By.	
Utilities Provided:   Individual Well or   CMUD Water or   Community Well   AND   CMUD Sewer or   Community Sewer or   Septic LOCATION OF PROPERTY (Address or Description):	Property Owner:	Date Property Acquired:	
LOCATION OF PROPERTY (Address or Description):  Tax Parcel Number(s):  Current Land Use:  Size (Sq.Ft. or Acres):  ZONING REQUEST: Existing Zoning:  Proposed Zoning:  Proposed Zoning:  (Complete if Applicant is other than Property Owner)  Name of Property Owner  Name of Applicant  Address of Owner  Address of Applicant  City, State, Zip  Telephone Number  E-Mail Address  E-Mail Address	Owner's Address:		
Tax Parcel Number(s):  Current Land Use:  Size (Sq.Ft. or Acres):  ZONING REQUEST: Existing Zoning:  Purpose of Zoning Change:  (Complete if Applicant is other than Property Owner)  Name of Property Owner  Name of Applicant  Address of Owner  Address of Applicant  City, State, Zip  Telephone Number  E-Mail Address  E-Mail Address	Utilities Provided: □ Individual Well or □ CMUD Water or □ Community Well -AND- □ CMUD Sewer or □ Community Sewer or □ Septic		
Current Land Use:  Size (Sq.Ft. or Acres):  ZONING REQUEST: Existing Zoning:  Purpose of Zoning Change:  (Complete if Applicant is other than Property Owner)  Name of Property Owner  Name of Applicant  Address of Owner  Address of Applicant  City, State, Zip  Telephone Number  Telephone Number  E-Mail Address  E-Mail Address	LOCATION OF PROPERTY (Address or Description):		
Size (Sq.Ft. or Acres):  ZONING REQUEST: Existing Zoning: Proposed Zoning:  Purpose of Zoning Change:  (Complete if Applicant is other than Property Owner)  Name of Property Owner Name of Applicant  Address of Owner Address of Applicant  City, State, Zip City, State, Zip  Telephone Number Telephone Number  E-Mail Address E-Mail Address	Tax Parcel Number(s):		
Size (Sq.Ft. or Acres):  ZONING REQUEST: Existing Zoning: Proposed Zoning:  Purpose of Zoning Change:  (Complete if Applicant is other than Property Owner)  Name of Property Owner Name of Applicant  Address of Owner Address of Applicant  City, State, Zip City, State, Zip  Telephone Number Telephone Number  E-Mail Address E-Mail Address	Current Land Use:		
Purpose of Zoning Change:  (Complete if Applicant is other than Property Owner)  Name of Property Owner  Name of Applicant  Address of Applicant  City, State, Zip  City, State, Zip  Telephone Number  E-Mail Address  E-Mail Address			
Complete if Applicant is other than Property Owner	ZONING REQUEST: Existing Zoning:	Proposed Zoning:	
Complete if Applicant is other than Property Owner	Purpose of Zoning Change:		
Name of Property Owner  Address of Owner  Address of Applicant  City, State, Zip  City, State, Zip  Telephone Number  Telephone Number  E-Mail Address  E-Mail Address			
Name of Property Owner  Address of Owner  Address of Applicant  City, State, Zip  City, State, Zip  Telephone Number  Telephone Number  E-Mail Address  E-Mail Address			
Address of Owner  City, State, Zip  City, State, Zip  Telephone Number  Telephone Number  E-Mail Address  E-Mail Address		(Complete if Applicant is other than Property Owner)	
City, State, Zip  Telephone Number  Telephone Number  E-Mail Address  E-Mail Address	Name of Property Owner	Name of Applicant	
City, State, Zip  Telephone Number  Telephone Number  E-Mail Address  E-Mail Address			
Telephone Number  Telephone Number  E-Mail Address  E-Mail Address	Address of Owner	Address of Applicant	
Telephone Number  Telephone Number  E-Mail Address  E-Mail Address	City Chata 7:-	City Chata 7:-	
E-Mail Address E-Mail Address	∪ity, State, ∠ip	∪ity, State, ∠ip	
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	E-Mail Address	E-Mail Address	
Signature of Property Owner Signature of Applicant			
Signature of Froperty Owner Signature of Applicant	Signature of Property Owner	Signature of Applicant	