

REZONING APPLICATION

TOWN OF MINT HILL

Complete All Fields

Office Use Only

Petition #: _____

Date Filed: _____

Received By: _____

OWNERSHIP INFORMATION:

Property Owner: _____ Date Property Acquired: _____

Owner's Address: _____

Utilities Provided: Individual Well or CMUD Water or Community Well -AND- CMUD Sewer or Community Sewer or Septic

LOCATION OF PROPERTY (Address or Description): _____

Tax Parcel Number(s): _____

Current Land Use: _____

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

Signature of Property Owner

Signature of Applicant