

TOWN OF PINE LEVEL
APPLICATION FOR ZONING CHANGE

APPLICANT'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

NOTE: APPLICANT FOR REZONING MUST BE AN OWNER OF THE PROPERTY PROPOSED FOR REZONING.

TAX PARCEL NUMBER: _____

PRESENT REGULATION, DISTRICT BOUNDARY, OR ZONING: _____

REQUESTED CHANGE: _____

NAME AND MAILING ADDRESSES OF ALL ADJACENT PROPERTY OWNERS WITHIN FIVE HUNDRED (500) FEET FROM THE PROPERTY LINES.

Please attach address listing when you submit this application.

PRESENT REGULATION, DISTRICT BOUNDARY, OR ZONING OF ADJACENT PROPERTIES: _____

THE APPLICANT SHALL ATTACH THE LEGAL DESCRIPTION OF THE PROPERTY PROPOSED FOR REZONING AND A MAP OF THE PROPOSED AMENDMENT SHOWING THE TAX PARCEL NUMBER OF THE SUBJECT PROPERTY AND THE ADJACENT PROPERTIES. THE APPLICANT SHALL PAY THE FILING FEE AT THE SUBMISSION OF THIS APPLICATION.

NO APPLICATION SHALL BE PROCESSED UNTIL THE FEE IS PAID.

LIMIT ONE TAX PARCEL NUMBER PROPOSED FOR REZONING PER APPLICATION

I HEREBY APPLY FOR THE ZONING CHANGE REQUESTED ABOVE:

APPLICANT SIGNATURE

DATE