

CITY OF NORTH HIGH SHOALS REZONE & CONDITIONAL USE PERMIT APPLICATION

Requested Action:

Rezoning from: _____ to _____ Conditional Use Permit: for: _____

Applicant Name: _____ Address: _____ (No P.O. Boxes) _____ Telephone: _____	Property Owner Name: _____ Address: _____ (No P.O. Boxes) _____ Telephone: _____
Applicant is (check one): <input type="checkbox"/> the Property Owner <input type="checkbox"/> Not the Property Owner (attach Property Owner's Authorization)	
Applicant's Certification: I hereby certify that the information contained in and attached to this application is true and correct.	
Signature: _____ Date: _____ Notarized: _____	

Property Location: _____ (Physical Description) _____ Tax Parcel Number: _____ Size (Acres): _____ Current Zoning: _____ Future Development Map—Character Area Designation: _____	Use Current Use: _____ _____ Proposed Use: _____ _____
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Attachments (check all that apply)	
<input type="checkbox"/> Property Owner's Authorization (if applicable) <input type="checkbox"/> Application Fee <input type="checkbox"/> Warranty Deed <input type="checkbox"/> Typed Legal Description <input type="checkbox"/> Plat of Survey <input type="checkbox"/> Disclosures (Interest & Campaign Contributions) <input type="checkbox"/> Zoning Impact Analysis	<input type="checkbox"/> Narrative (Detailed Description of the Request) <input type="checkbox"/> Concept Plan <input type="checkbox"/> Attachments to the Concept Plan: <input type="checkbox"/> Pre-approved Sanitary Sewer Extension Submittal <input type="checkbox"/> Representative Architecture/Photographs <input type="checkbox"/> Proof all property taxes paid in full <input type="checkbox"/> Other Attachments: _____