

Filing Date \_\_\_\_\_  
Hearing Date \_\_\_\_\_  
Council Action \_\_\_\_\_

Filing Fee: \$50 (Must accompany Application)

APPLICATION FOR A ZONE CHANGE  
AS PROVIDED BY THE FREDONIA ZONING ORDINANCE

The undersigned applicant (s) \_\_\_\_\_ (is) (are) the owner (s) \_\_\_\_\_ or (agent) of the following legally described property. (Exact Legal description must accompany application and be stamped and signed by a licensed Land Surveyor and may be attached hereto.)

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A general description of the property location is as follows: (Give street address, general location, etc., and attach a vicinity map showing the subject property and surrounding area.)

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Provide the following information:

1. What is the present zoning on the property? \_\_\_\_\_
2. What zone or zones are requested by this application? \_\_\_\_\_

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3. Is the zone change in harmony with the present Town Master Plan? (Yes) (No) If no what does the Master Plan propose for the subject property? \_\_\_\_\_

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4. Total Acreage of proposed zone change: \_\_\_\_\_

Are there deed restrictions against the property that might affect the requested zone change? (Yes) (No) A copy of the deed restrictions, if any may be submitted in support of the application and shall be submitted if contrary to the requested zone change.

We, the undersigned owner(s)\_\_\_\_\_request the zone change as described above.

_____ Signature	_____ Address
_____ Signature	_____ Address
_____ Signature	_____ Address
_____ Signature	_____ Address

Attach additional sheets if necessary for additional owners.

(It is desirable, but not required, to have signatures of owners of adjacent property)

We, the owners of property adjacent to the property described in this application for a zone change certify by our signatures below that we do not object to the grant of this zone change.

_____ Signature	_____ Address
_____ Signature	_____ Address
_____ Signature	_____ Address
_____ Signature	_____ Address

Attach additional sheets if needed.

FIRST PUBLIC HEARING DATE (at least 45 days from application date)\_\_\_\_\_