CITY OF OAK RIDGE
ZONING CHANGE REQUEST

Application to Amend Zoning Map

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<tr>
<th>NAMES OF APPLICANTS</th>
<th>ADDRESSES WITH ZIP CODES</th>
<th>DAYTIME PHONE NO’S</th>
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Present Zoning Classification of the Area: _________________________________________________________________

Requested Zoning Classification of the Area: _______________________________________________________________

Description of area to be rezoned:  (Use Anderson or Roane County tax map numbers where possible as well as City of Oak Ridge Michael Baker Lot and Block numbers.)

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

Reasons why proposed zoning is more appropriate: ___________________________________________________________

_________________________________________________________

___________________________________________________

Land use in acres: _________________________________________________________________________________________

Specific plans for development if rezoned (if known): _______________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

The applicant is  is not  the fee owner of the property for which application is made.  (If applicant is NOT the fee owner, the following is to be signed by the owner.)

The undersigned, as fee owner of the above described property, is aware of the applicant’s intent to make application to amend the Zoning Map as stated and is acting in my behalf in making this request.

Date: _____________________________  Signed: _________________________________________

Owner

Address

In making application to amend the Zoning Map, the applicant states that the information given is, to the best of his/her knowledge, true and accurate. It is understood and agreed by the applicant that any error, misstatement or misrepresentation of fact, either with or without intention on his/her part, shall constitute sufficient grounds for denial of this request.

Date of Filing: _____________________________  Signature of Applicant

Area Map: Upon request, this application must be accompanied by a map prepared by a civil engineer, surveyor or other competent person showing all lots and streets in the area requested to be rezoned and the surrounding area within at least 300 feet. Scale of this map is to be 1” equals 100 feet.
Planning Commission Hearing:

________________________________________________________________________________

Planning Commission Decision:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Information on prior applications for rezoning of all or any part of the area herein requested for rezoning:

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If application is acted on favorably, check here _______ when official zoning map has been revised to show change.

________________________________________________________________________________

Signature of Community Development Director

To Be Filled In By City Clerk’s Office

City Council Hearing:

________________________________________________________________________________

City Council Decision:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Applicant’s Copy Returned: __________________________

________________________________________________________________________________

Signature of City Clerk