

CITY OF OAK RIDGE
ZONING CHANGE REQUEST

Application to Amend Zoning Map

NAMES OF APPLICANTS	ADDRESSES WITH ZIP CODES	DAYTIME PHONE NO'S W/AREA CODE	
1.			
2.			
3.			

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.

To Be Filled In By Planning Office

Planning Commission Hearing:

Planning Commission Decision:

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

<u>Date</u>	<u>Action Taken</u>
_____	_____
_____	_____
_____	_____

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