

APPLICATION FOR ZONING AMENDMENT CITY OF MERRILL

NAME: _____ STREET ADDRESS: _____

PROPERTY ADDRESS: _____ TAX ROLL#: _____

LEGAL DESCRIPTION: _____

EXISTING USE: _____ PROPOSED USE: _____

REASONS FOR REQUESTING A ZONE CHANGE: _____

ADDITIONAL REQUIREMENTS

- 1.) Names and addresses of all abutting and opposite property owners within 300 feet of the property to be altered.
- 2.) Principal use of all properties within 300 feet of the property to be altered.
- 3.) A plot plan or survey plat, drawn to scale, showing the property to be rezoned, location of structures, and property lines within 300 feet of the parcel.
- 4.) Any further information that may be pertinent in considering the application.
- 5.) FAILURE TO SUPPLY SUCH INFORMATION SHALL BE GROUNDS FOR DISMISSAL OF PETITION.
- 6.) A fee of \$175.00 shall be paid to the Clerk-Treasurer at time of application.

All information submitted is accurate to the best of my knowledge.

Signature of Applicant

____/____/____
Date