

**TOWN OF EAGAR**  
**REZONING APPLICATION**  
(REFER TO CHAPTER 18.80 OF THE ZONING ORDINANCE)

Permit No. \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

**1. Legal description of property and current and proposed zone which request to rezone is being made:**

**Current Zone:** \_\_\_\_\_ **Proposed Zone:** \_\_\_\_\_ **Adjacent Zoning (all sides)**

\_\_\_\_\_

**Current Use:** \_\_\_\_\_ **Proposed Use:** \_\_\_\_\_ **Adjacent Use (all sides)**

\_\_\_\_\_

**2. Reason for request of zoning change:** \_\_\_\_\_

\_\_\_\_\_

**3. Attachments (for rezoning of specific area):**

- a. Plot plan to include rezoning area & location and zone of adjacent parcels
- b. Names and addresses of all landowners within the rezone area and 300 foot radius around the affected property.
- c. Stamped addressed envelopes of all those who notification of public hearing must be made.
- d. Signed petition of 50% of above landowners

**4. Filing Fee:** 250.00 \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**5. Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**6. Zoning Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**7. Application shall be forwarded to the planning and Zoning Commission on:**

(Date) \_\_\_\_\_ (Time) \_\_\_\_\_

(Place) \_\_\_\_\_

Legal Notice and nature of the Rezoning and the date of the meeting at which it will be considered will be published in the official newspaper of the Town at least 15 days prior to the meeting.

**ACTION BY PLANNING AND ZONING COMMISSION**

1. Public Hearing held: (Date) \_\_\_\_\_  
Official Publication made: \_\_\_\_\_

2. Action:

\_\_\_\_\_ a. Recommend approval: Date: \_\_\_\_\_  
\_\_\_\_\_ b. Recommend approval With the following conditions or changes:

\_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ c. Recommend denial, Reason for denial: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ d. Application neither recommended for denial or approval, explain what action was taken, date, reasons, and date at which further action will be taken: \_\_\_\_\_

3. Application will be forwarded to the Town Council for consideration on:  
(Date) \_\_\_\_\_ (Place) \_\_\_\_\_ (Time) \_\_\_\_\_

Signature of P&Z Chair: \_\_\_\_\_ Date: \_\_\_\_\_

**ACTION OF THE TOWN COUNCIL**

1. Meeting held: (Date) \_\_\_\_\_ Public Hearing? \_\_\_\_\_  
Legal Notice Published: \_\_\_\_\_

2. Action: If a petition opposing the proposed amendment is filed in accordance with Chapter 18.80.100 the required votes for passage shall be 3/4 of the voting Town Council. Has petition been filed? \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ a. Approval Date: \_\_\_\_\_

\_\_\_\_\_ b. Approval with the following conditions or changes: \_\_\_\_\_

\_\_\_\_\_ c. Denial. Reason for denial: \_\_\_\_\_

\_\_\_\_\_ d. Application neither approved nor denied. Explain what action was taken, date, reason, and date at which further action will be taken: \_\_\_\_\_

\_\_\_\_\_  
Signature of Mayor

\_\_\_\_\_  
Date