

# CITY OF FORT CALHOUN

## REZONING REQUEST

**Instructions:**

1. **Fill out application form completely. Please print or type and use additional sheets if needed.**
2. **Fee: \$200.00 - Make check payable to the City of Fort Calhoun**
3. **Application due 14 days prior to next regular Planning Commission Meeting**
4. **Submit a certified address list of property owners within 300 feet with this application**
5. **Include Site Plan, drawn to scale (refer to Section 1204 (c) (4) of City Zoning Regulations**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (home): \_\_\_\_\_ (work): \_\_\_\_\_

Owner of Record: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work): \_\_\_\_\_

Present Zoning District of Property: \_\_\_\_\_

Desired Zoning District of Property: \_\_\_\_\_

Legal description of Property: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Description of the reason for the rezoning application: \_\_\_\_\_

\_\_\_\_\_

Nature and Operating Characteristics of proposed use: \_\_\_\_\_

\_\_\_\_\_

How are adjoining properties used? Indicate both zoning district designations and actual uses.

North: \_\_\_\_\_ South: \_\_\_\_\_

East: \_\_\_\_\_ West: \_\_\_\_\_

**This authorizes the City Planning Commission, City Council members and/or city staff/Consultant to enter upon the property during normal working hours for the purpose of becoming familiar with the proposed request.**

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Property Owner's Signature

DATE RECEIVED \_\_\_\_\_

PLANNING COMMISSION SCHEDULED PUBLIC HEARING DATE: \_\_\_\_\_

CITY COUNCIL SCHEDULED PUBLIC HEARING DATE: \_\_\_\_\_