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**CITY OF METTER
APPLICATION FOR AMENDMENT TO THE METTER
ZONING ORDINANCE
PURSUANT TO SECTION 13.02**

A. Applicant Name: _____

Applicant Phone Number: _____

Applicant Email Address: _____

Applicant Address: _____

Representative of Applicant (if corporation or other business): _____

Interested persons in application and their respective interest: _____

B. Extent of area to be rezoned (Specify streets bounding and intersecting the area, a plan showing the extent of the area to be rezoned, the land use, and the zone classification of abutting districts. Attach photographs of the area to be rezoned and the abutting areas).

C. Statement of circumstances in the proposed district to be rezoned and the abutting districts and any other factors on which the applicant relies as reasons for supporting the proposed rezoning. (The applicant's statement should address issues identified in the cities adopted: "Standards for Zoning Decisions", copy attached).

D. Approximate time schedule for the beginning and completion of the development in the area: _____

E. Attach hereto a site plan to scale, indicating the locations of all structures, their uses, and areas for all off-street parking and loading.

Applicant Signature

Date

**** A \$150.00 NON-REFUNDABLE APPLICATION FEE IS REQUIRED****

TO BE COMPLETED BY CITY HALL

Date Fee Paid

Amount Paid

Collected by (Signature)

ADMINISTRATIVE REVIEW

Building Official Review and Signature

Date

Date Planning Commission Meeting Advertised: _____

Date Planning Commission Meeting Held: _____

Decision of Planning Commission and Reason:

Signed: _____

Chairman of Board

Clerk

Date Public Hearing Advertised: _____

Date Public Hearing Held: _____

Date City Council Meeting Held: _____

Decision of Mayor and City Council and Reason:

Mayor's Signature

Date

City Clerk's Signature

Date