



Zoning Application

Summary Form

Applicant Name (Last, First) _____

Daytime Phone _____ Other Phone _____

Email Address _____

Mailing Address _____ City _____ State ____ ZIP _____

Property Address _____ City _____ State ____ ZIP _____

Owner (if other than applicant) _____

Applicable Current Zoning Districts:

MX-TOD	RX-D	IX-S	N3-B
MX-D	RX-N	I1	NX1
MX-N	IX-TOD	N1	NX2
MX-S	IX-TOD	N2	P1
RX-TOD	I-TOD	N3-A	P2

Type of Zoning Request:

Concept Review	Zoning District Change
Conditional Use Permit	Subdivision Approval
Variance	Ordinance Amendment
Planned Unit Development	Other

I hereby certify that all data contained herein as well as all supporting data are true and correct to the best of my knowledge.

X Applicant Signature _____ **Date** _____

X Owner Signature _____ **Date** _____

Administrative Data Summary (Office Use Only)

Planning Commission Action Date _____

Approved

Denied

Council Action Date _____

Approved

Denied

Resolution Number _____

Date of Public Hearing Notice _____

Date of Public Hearing _____

Application Received _____

Fee Paid _____

Referred to City Engineer _____

Referred to City Attorney _____

Referred to Watershed District _____