

**CITY OF NIEDERWALD
ZONING CHANGE REQUEST**

Please fill out form completely.

APPLICANT: _____

CURRENT ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE: _____

EMAIL (optional): _____

A zoning classification change is requested for the following property:

Address and/or location of property: _____

Present Zoning Classification: _____

Present Use of Land: _____

Requested Zoning Classification: _____

Reason for Request: _____

This property is encompassed by:

North: _____

South: _____

East: _____

West: _____

Attach a map showing area with a legal description, copy of deed and/or any other pertinent information. The Council may request other information regarding this request.

Signature: _____

Printed name: _____

Date: _____

FEES: Single family residential - \$ 150.00

Multi-family residential - \$ 300.00

Non-residential - \$ 500.00

*The appropriate fee must accompany the request. **Zoning change requests shall be submitted to the City Administrator no later than fifteen (15) working days prior to the Council meeting at which approval is sought** Payment of fee does not guarantee approval of zoning change request.*

*******FOR OFFICE USE ONLY*******

Received by: _____

Title: _____

Date: _____

Amount paid: _____