

# ZONING CHANGE REQUEST

## City of Stanford Planning & Zoning

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Date Application Received \_\_\_\_\_

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

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Applicant's interest in subject property \_\_\_\_\_

Property Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Address of Subject Property \_\_\_\_\_

Legal Description Lot # \_\_\_\_\_ Block \_\_\_\_\_ Addition \_\_\_\_\_

Size of Subject Property \_\_\_\_\_ acres \_\_\_\_\_ square footage

**Metes and Bounds must be described on separate 8 ½ x 11 sheet.**

Present Zoning Classification \_\_\_\_\_

Present use of property \_\_\_\_\_

Requested Zone District \_\_\_\_\_

The applicant understand the master plan designation and the most restrictive zone that would allow the proposed use is \_\_\_\_\_

Minimum/Maximum District size for requesting zoning \_\_\_\_\_

Describe the proposed use of property \_\_\_\_\_

*All Zone Change Requests are assumed to be complete when filed and will be scheduled for a public hearing as outlined in the Stanford City Zoning Ordinance (1994). All public hearings will be open to the public any interested citizenry will be allowed to testify.*

*I have read and understand all of the requirements as set forth by the application for zone change request and acknowledge that all requirements of this application have been met at the time of submittal.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Owner