

Rezoning Application Review Request for the Village of Hemingford

SUBJECT PROPERTY INFORMATION

Property Address _____

Nearest Interstion _____

Assessor's Parcel Numbers: _____

Total Area in Acres or Square Feet: _____ Current Zone District(s): _____

CONTACT INFORMATION

Name _____

Company Name _____

Address, City, State, Zip _____

Email Address _____ Phone _____

Indicate if you are Property Owner Owner Representative Other (Specify Below)

POTENTIAL REQUEST

Describe the purpose/ reason for rezoning. Including whether any demolition is proposed (e.g. redevleop the site, reuse an existing building, expand ther permitted uses)

Potential zone districts for discussion:

PROPOSAL

Propsed Zone District:

Date _____

Application NOT approved as stated above

Application approved as stated above

Approved _____

Village Clerk

Planning Commission

Chairman