



TOWN OF WILKESON

REZONE APPLICATION

FOR TOWN USE ONLY	
Date received:	
Fee Paid:	
Receipt#:	
Received by:	

APPLICANT INFORMATION

Name _____

Address _____

Phone: _____ Fax: _____ Email: _____

If owner is different from applicant, what is the legal relationship of the applicant to the owner that entitles the applicant to make application?

Applicant's Signature _____ Date _____

Owner's name _____

Address _____

Phone: _____ Fax: _____ Email: _____

I (We) grant the above applicant permission to use my (our) property in the manner described in this application

Owner's Signature _____ Date _____

Owner's Signature _____ Date _____

Owner's Signature _____ Date _____

Representative's Name _____

Address _____

Phone: _____ Fax: _____ Email: _____

We, the above signatories attest under penalty of perjury that the information in this application is true and accurate. We also understand that it is our responsibility to understand and comply with all applicable federal, state and local regulations.

CONTACT PERSON/ENTITY

Please designate a single person entity to receive determinations and notices from the Town

Name _____

Address _____

Phone: _____ Fax: _____ Email: _____

Rezoning must be based on a change in circumstances or community needs. They cannot be based exclusively on the desires of public interest groups.

You must prove that a parcel-specific is valid. Valid reasons for rezoning include

- to make the zoning map consistent with the comprehensive plan: or
- a change in circumstances or community needs.

For what area are you requesting a rezoning? _____

Current zoning: _____

Proposed zoning: _____

Why are you requesting a rezoning?
