



Case No. _____

CITY OF HOT SPRINGS ZONING CHANGE APPLICATION

Address/Location of Property: _____

Acres: _____ District: _____ Current Zone: _____ Requested Zone: _____

Existing Use: _____ Proposed Use: _____

Property ID or Parcel ID#: _____

Reason for Requesting Zoning Change: _____

<u>Applicant/Agent</u>	<u>Property Owner (if different)</u>
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____

SEE REVERSE SIDE FOR SUBMISSION REQUIREMENTS

Submission Deadline: _____ Planning Commission Meeting Date: _____

PROPERTY OWNER CERTIFICATION: I(We), the undersigned, hereby certify that I(we) are the owner(s) of the property for which this Zoning Change application is being made and I(we) concur with the applicant's request as described herein.

_____ Signature	_____ Signature
_____ Printed Name	_____ Printed Name

Applicant/Agent Signature **Date**

It is our goal to assist you in making your project a success in a timely manner. Please call if you have any questions or need assistance from the City of Hot Springs Planning Department, 133 Convention Blvd., Hot Springs, AR 71901 (501-321-6856).

ITEMS REQUIRED WITH SUBMITTAL

THE FOLLOWING ITEMS MUST BE RECEIVED WITH RETURNED APPLICATION

- Clear and legible legal description or copy of deed containing exact legal description.
- 8 1/2" x 11" sketch of the subject property, delineating:
 - (1) dimensions of the property;
 - (2) approximate location of buildings with appropriate dimensions; and
 - (3) land uses of adjacent properties.
- A 3 1/2" diskette or CD with all information included must be submitted with your application.
- Incomplete applications or plats will **NOT** be considered.
- Payment of appropriate fees must accompany application.

Please Note: Although it is not required, it is in your best interest to contact our Engineering and Utility Departments for a preliminary study of water, sewer and drainage requirements for your proposed development.

FOR OFFICE USE ONLY

REZONING APPLICATION FEE: \$350.00

\$ _____
Amount Paid

Date

Rec'd by