

**CITY OF LESLIE
APPLICATION FOR CHANGE OF ZONING**

PLEASE NOTE THAT THIS APPLICATION IS DUE BACK IN THE OFFICE OF THE CITY CLERK NO LATER THAN THE 20TH OF EACH MONTH:

Applicant's Name: _____

Address: _____

Contact Number: _____

Name of Property Owner(s): _____

I (we) apply for a change in zoning classification from _____
to _____ for the property described below.

NOTE: IN THE EVENT THE APPLICANT FOR A SPECIAL EXCEPTION REQUEST IS SOMEONE OTHER THAN THE CURRENT OWNER OF THE PROPERTY, THE APPLICANT MUST ATTACH A LETTER FROM THE CURRENT OWNER AUTHORIZING THE FILING OF THIS APPLICATION.

LEGAL DESCRIPTION OF PROPERTY (Attach Plat of Property):

NOTE: EACH APPLICATION IS REQUIRED TO PROVIDE A REZONE PLAT FOR WHICH REZONING HAS BEEN REQUESTED. THIS PLAT MUST BE PREPARED BY A REGISTERED ENGINEER OR SURVEYOR. THE PLAT SHALL SET FORTH IN DETAIL THE PROPERTY DESCRIBED IN THE REQUEST, AND SHALL SHOW THE PRESENT ZONING DESIGNATION AND THE ZONING DESIGNATION OF ALL PROPERTY ABUTTING THEREUPON. THREE (3) COPIES OF THE PLAT MUST BE SUBMITTED WITH THE APPLICATION.

Name of Subdivision (if applicable): _____

Tax Map Page #: _____ Block #: _____ Parcel #(s): _____

Street Address: _____

Present Use of Property: _____

Proposed Use of Property: _____

Please disclose any campaign contributions or gifts which you have made to City Council Members:

I hereby certify that I am the owner, or legal agent of the owner, in fee simple of the above described property.

APPLICANT'S SIGNATURE

DATE