## PIERCE COUNTY REZONING APPLICATION

OFFICIAL USE ONLY				
Date Received:	Project Number:	PC Hearing Date:		
PC Recommendation: _	CC Hearing Date:	CC Action:		
	rm in its entirety. Attach additional sete submittal may result in delay of p	heets if needed. All property owners must rocessing.		
Name of Applicant/Age (May be left blank if the	entapplicant is the same as the propert	Phone y owner)		
Company Name	9			
Address				
Owner(s) of Record		Phone		
Address				
		Phone		
Address				
Property Information				
Tax map – Block – Parcel No Total acreage of property				
Location of property (i.e., Street address OR east side of Main Street, ½ mile north of First Street)				
Current zoning	Current land use			
Lot characteristics (wooded, field, developed, etc.)				
Are there any structures	currently on the property?	If so, please describe and indicate if they		
will remain after the rezo	oning:			
Contiguous land uses:	North	South		
	East	West		
Current access (roads):				
Existing utilities:				

## **Proposed Information**

Propose	ed Zoning Proposed use			
Propose	ed water	Proposed sewer		
Do you p	plan to subdivide the property?	If so, please answer the following:		
	Proposed number of lots	Proposed improvements (roads, water system,	etc.):	
	Proposed access:			
NOTE:	E: Applicants are strongly encouraged to submit a sketch plan with the rezoning application			
Justifica	tion for rezoning request:			
		ages if needed – Provide all names in one list)		
Name		Name		
Address	<u>.                                    </u>	Address		
Name		Name		
Address	<u> </u>	Address		
Name		Name		
Address	3	Address		
Certifica		I (we), are the owners of the property affected b	v thio	
propose	d amendment to the Pierce County	Zoning Ordinance by virtue of a deed date Clerk of the Superior Court of Pierce County, in Dee	ed	
		re, I (we) attest that the information contained her		
true and	complete to the best of my (our) knowle	dge.		
Owner's	signature	Date		
Owner's	signature	Date		
Owner's	signature	Date		