

REQUEST FOR POTENTIAL REZONING STAFF REPORT

Date Request Made: _____

Date Report Sent out: _____

Requester Information:

Person Requesting Report: _____

Address: _____

Telephone Number: _____

Copies of Report to be sent to: _____

Property Information:

Property Location: _____

Property Owner: _____

Note: If requestor is not the property owner, we need written permission to prepare the report.

Tax Map and Parcel Number of Request: _____

Acreage to be rezoned: _____

Zoning Classification Desired: _____

Number of Units Anticipated, if applicable: _____

Square Footage Expected, if applicable: _____

NOTE: Dwelling units and square footage will be used to determine the need for a Traffic Impact Analysis. Unless you are planning on proffering a limit in these categories, a "worst case" or most intensely developed scenario should be utilized at this preliminary step to decrease the possibility that a study will be required later in the process.

Brief Explanation of Request: _____

