

DATE RECEIVED: _____

CASE NUMBER: _____



**CITY OF SPRINGFIELD
PLANNING & DEVELOPMENT DEPARTMENT
405 N MAIN STREET
P. 615-382-2200 F. 615-382-1612**

APPLICATION FOR REZONING

Name and address of property owner:

Phone: _____

Email: _____

Name and address of authorized agent (Attach written authorization statement):

Phone: _____

Email: _____

Description of property, either by metes and bounds or subdivisions identification, including the Property Tax Map Number, Parcel Number, and acreage. (Attach a scale drawing):

Description of Proposed zoning district change:

From: _____

To: _____

**Written justification for requesting zoning district change
(indicate how the property is to be used if rezoned and why rezoning is needed):**

Applicant's Signature: _____

Supporting Documents and Fees:

Two copies of a map depicting the subject property. These maps shall be at a scale of no less than 1" - 100' and no larger than 1" - 30' and show the following information.

- 1. Title, north arrow, graphic scale, date, civil district, and acreage of the subject property.**
- 2. Dimensions in feet of subject property.**
- 3. All roads and easements within or adjoining subject property.**
- 4. Location, size, type, and current use of any building on the subject property .**
- 5. Location of the adjoining property owners in relation to the subject property.**

Written statement (letter, etc.) signed by property owner authorizing a representative to petition for a zoning change of the owner's property (if applicable).

A list of the names and addresses of the adjacent property owners including those property owners across streets, roads, highways, and/or railways and waterways which border the applicant's property.

Rezoning Request Fees:

Agricultural/ Residential

\$200 (less than 1 acre)

\$350 (1-10 acres)

\$500 (10-50 acres)

\$700 (more than 50 acres)

Commercial/Industrial

\$350 (less than 1 acre)

\$500 (1-10 acres)

\$700 (10-50 acres)

\$1,100 (more than 50 acres)

