REQUEST FOR THE REZONING OF PROPERTY

I, _____ , action for _____
(property owner or agent) (name)

_____ , hereby request that the following change(s) in zoning be made.
(address of owner)

* list below if multiple owners

Property Owner	Address of Owner

Location and description of property requested to be rezoned:

_____

_____

_____

_____

Property Presently Zoned	Proposed Rezoning
_____	_____

This rezoning is requested because:

_____

_____

_____

_____

A $50.00 rezoning fee is to be paid to the City of Union City at the time this application is submitted.

Application submitted the _____ day of _____

Fee $ _____ _____
(signature of property owner)

Phone Number and/or Email _____

Date Submitted to Planning & Codes: _____

Received By: _____