

CITY OF ST. JOHNS

APPLICATION FOR REZONING
(please print)

ROLL NO. _____ DATE _____

PROPERTY ADDRESS _____

PROPERTY OWNER _____ LEGAL DESCRIPTION _____

STREET _____ CITY _____

PHONE _____

APPLICANT _____

STREET _____ CITY _____

PHONE _____ LOT FRONTAGE _____ DEPTH _____

PRESENT ZONING _____ REQUESTED ZONING _____

PRESENT USE (BE SPECIFIC) _____

NUMBER OF EMPLOYEES _____ PROPOSED WATER USAGE GPM _____

PROPOSED TRAFFIC GENERATED _____

TYPE OF WASTE _____

AVAILABLE CITY SERVICES SANITARY SEWER; SIZE _____ LOCATION _____

STORM SEWER; SIZE _____ LOCATION _____

WATER; SIZE _____ LOCATION _____

FIRE HYDRANTS; SIZE _____ LOCATION _____

NUMBER OF OFF STREET PARKING SPACES AVAILABLE: _____

STREETS, SURFACE: _____ CURB & GUTTER: YES _____ NO _____

COMMENTS: _____

IT IS REQUIRED THAT 10 COPIES OF A PLOT PLAN DRAWN TO SCALE BE SUBMITTED WITH THIS APPLICATION *

* PLOT PLANS SHALL SHOW AND SPECIFY:

1. existing structures with parking provisions
2. all setback dimensions from property lines, front, rear, side
3. all easements and deed restrictions
4. utility connections, size and location
5. proposed buildings and uses
6. all property lines and zone lines existing and proposed
7. all property dimensions and number acres
8. size and location of existing utilities

I the undersigned hereby certify that the above information is correct and accurate to the best of my knowledge. I agree that I am solely responsible for providing this information accurately and in its entirety. I agree that failure to provide this information is grounds to deny this request. I further understand that any engineers study surveys, or consultation that may become necessary to reach a decision on this matter shall be conducted solely at my expense upon my approval.

SIGNATURE OF APPLICANT

SIGNATURE OF OWNER

DPW _____ WATER _____ FIRE _____ POLICE _____ ZONING _____ COUNTY PLANNING _____