

Received by City:	
Application Number:	
Non-refundable Fee Paid:	
Receipt #:	

Petition for Rezoning

Name of Applicant			
	Email:		
	Alternate Phone		
	Zoning Map, pursuant to Section 8.10, S	ly petition your Honorable Body to amend the ubd. 4 as hereinafter designated, and in support	
Legal Description of Property			
Parcel ID Number		Area of Property (sq. ft. or acres):	
Current Zoning District:	Proposed Zoning	Surrounding Zoning Districts:	
Describe briefly the expected	d effect of the proposed amendment. How	will the immediate area be impacted?	
What error in the existing O	rdinance would be corrected by the propo	osed amendment?	
What changed or changing of	conditions of the area makes passage of th	is amendment necessary?	
Is the proposed rezoning con	mpatible with the surrounding land uses?	Yes No Please explain:	
	nsistent with the Breezy Point Comprehencil should consider the amendment.	nsive Plan? If not, state why the Planning	
Other circumstances that just	stify the amendment:		
Signature of Applicant(s):	ng that he /che has read and understands the instruction	tions accompanying this application	

By signing above, I acknowledge that I understand that I am responsible for all fees incurred by the City as a result of professional services provided by the City Engineer, City Attorney, and other contracted agencies in reviewing my application.

APPLICATION INFORMATION TO BE INCLUDED:

- Map (e.g. plat map) showing property to be re-zoned, zoning districts, and public streets abutting the property
 Scaled site sketch showing existing structures, wetlands, driveway/parking areas, vegetative features, signs, and other significant landforms/features.