

CITY OF WADSWORTH
APPLICATION FOR ZONING MAP AMENDMENT

Name of applicant _____

Address of applicant: _____

Phone #: _____ Fax #: _____ Email: _____

Name of Property Owner(s): _____

Address: _____

Phone #: _____ Fax #: _____ Email: _____

Description of Area Proposed for Rezoning (General Location/Address/Parcel Nos): _____

Legal description and map: Attach sheet stating description and a map at a scale of one inch equals 100 feet prepared by a registered civil engineer or surveyor or other competent person showing all lots and streets and names and addresses of owners of all property within and contiguous to and directly across the street from such area proposed to be rezoned or redistricted.

Present zoning: _____ Proposed zoning: _____

Previous Amendments Requested for this Property: _____

The property will be used for and have the following buildings, parking, and other improvements constructed: _____

Describe how the present zoning is unreasonable and deprives the property owner of his lawful and reasonable use of the land: _____

Describe how the proposed map amendment would materialize in an equal or better zoning classification that the existing zoning: _____

The above information and attachments are true and accurate to the best of my knowledge.

Fee Paid

Applicant's Signature

Date

CITY OF WADSWORTH
APPLICATION FOR ZONING MAP AMENDMENT
PAGE 2

Recommended by Planning Commission? _____ Date: _____

Modifications to Request: _____

Chairman

Secretary

For City Council Use

Ordinance No. (Attach to back): _____

Date of Public Hearing: _____

Date Ordinance Adopted by Council: _____

Date Ordinance Goes into Effect: _____

Clerk of Council