

HEARING DATES:

Planning Commission \_\_\_\_\_

Board of Councilmen \_\_\_\_\_

Decision of Board of Councilmen \_\_\_\_\_

**APPLICATION FOR ZONING AMENDMENT**

THIS APPLICATION MUST BE COMPLETELY AND ACCURATELY COMPLETED.

1. Applicant's name \_\_\_\_\_

2. Applicant's telephone number \_\_\_\_\_

Work telephone number \_\_\_\_\_ Cell number \_\_\_\_\_

3. Applicant's physical address \_\_\_\_\_

Applicant's mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. What is the address of the property that you are requesting to be rezoned?

\_\_\_\_\_  
\_\_\_\_\_

5. On what date did you acquire title to the property set out in item No. 4 above?

\_\_\_\_\_

6. Describe or attach a legal description of the district boundaries for which the zoning amendment is requested. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What is the present zoning of the property? \_\_\_\_\_

\_\_\_\_\_

8. What zoning designation is being requested? \_\_\_\_\_

\_\_\_\_\_

9. Has the property been previously rezoned while under your ownership? \_\_\_\_\_  
 If so, when? \_\_\_\_\_
10. Has the subject property been improved or is it to be improved? \_\_\_\_\_  
 If so, how and when? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. What will be the actual use of the improvements located thereon? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. THIS APPLICATION MUST BE FILED IN THE OFFICE OF THE CITY CLERK OF THE CITY OF WELLS AT 525 SIXTH STREET, WELLS, NEVADA.
13. THIS APPLICATION WILL BE REFERRED TO THE PLANNING COMMISSION AND A PUBLIC HEARING WILL BE HELD BY SUCH COMMISSION.
14. THE PLANNING COMMISSION WILL THEN MAKE A RECOMMENDATION TO THE BOARD OF COUNCILMEN AND A PUBLIC HEARING WILL BE HELD BY THE BOARD OF COUNCILMEN.

I, the Applicant, (or an authorized agent or employee of Applicant) being first duly sworn, deposes and says that all of the above statements contained and the documents submitted herewith are true.

\_\_\_\_\_

Received and filed in the Office  
 of the City Clerk, City of Wells,  
 this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

by \_\_\_\_\_