



OZ- \_\_\_\_\_

## REZONING APPLICATION

GENERAL LOCATION \_\_\_\_\_  
 PRESENT ZONING \_\_\_\_\_ PRESENT USE \_\_\_\_\_  
 PROPOSED ZONING \_\_\_\_\_ PROPOSED USE \_\_\_\_\_

LEGAL DESCRIPTION OF LAND UNDER APPLICATION (If by metes and bounds, attach plat of survey)

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

Name and address of Record Owner	Address or General Location of Property
As applicant, what is your interest in this property? <input type="checkbox"/> Present Owner <input type="checkbox"/> Agent for Owner <input type="checkbox"/> Purchaser <input type="checkbox"/> Other <input type="checkbox"/> Attorney for Owner	Name of Person to be billed for publication: _____ Mailing Address: _____ _____ Phone Number _____

<b>I DO HEREBY CERTIFY THAT THE INFORMATION HEREIN SUBMITTED IS COMPLETE, TRUE &amp; ACCURATE</b>	<b>SIGNATURE</b>	<b>DATE</b>
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Please submit the completed application form and application fee (**\$300.00**), along with A Certified 300' radius Report (available from an abstract company) to the Owasso City Planner on or before the Planning Commission submittal deadline as shown on the official City of Owasso calendar. **The applicant and/or the applicant's consultant should attend the Planning Commission meeting at which the Supplemental Zoning will be reviewed.**