

OZ-_____



CITY OF OWASSO

P.O. BOX 180 OWASSO, OKLAHOMA 74055 (918) 272-2251 FAX (918) 272-4997

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 Subject 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	Phone
	Mailing Address	

I DO HEREBY CERTIFY THAT THE INFORMATION HEREIN SUBMITTED IS COMPLETE, TRUE AND ACCURATE	SIGNATURE	DATE
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Please submit the completed application form and application fee 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 meetings at which the Supplemental Zoning will be reviewed.**

Fee Schedule

0- 0.99 acres	\$75
1- 4.99 acres	100
5-19.99 acres	150
20 + acres	200



SUBMITTAL DATE _____	OPC MEETING DATE _____
FEE RECEIPT NUMBER _____	APPROVED _____ DENIED _____