

CITY OF BLOOMFIELD
APPLICATION FOR ZONE CHANGE

DATE OF APPLICATION: _____

NAME OF APPLICANT (OWNER): _____

ADDRESS: _____

PHONE #: _____

LEGAL DESCRIPTION OF PROPERTY, ATTACH A COPY OF LEGAL DESCRIPTION AND OR PLOT PLAN AND DETAILED PLAT OF EXISTING STRUCTURES.

PROPERTY LOCATION ADDRESS: _____

TOTAL ACREAGE OF PROPERTY: _____

PROPERTY CURRENTLY ZONED AS: _____

ZONE CHANGE REQUESTED TO: _____

REASONS FOR REQUEST (use additional sheet if needed): _____

PRESENT USE OF PROPERTY: _____

INTENDED USE OF PROPERTY: _____

APPLICANTS (OWNER) SIGNATURE

DATE

FOR OFFICIAL USE ONLY

NOTICE OF ZONE CHANGE REQUEST SIGNS POSTED ON
PROPERTY: ___ YES, ___ NO

ACTION TAKEN BY PLANNING AND ZONING COMMISSION:

___ APPROVED ___ TABLED ___ DENIED

REASON FOR APPROVAL OR DENIAL: _____

CHAIRMAN OF PLANNING AND ZONING
COMMISSION

MEETING DATE

=====

ACTION TAKEN BY CITY COUNCIL:

___ APPROVED ___ TABLED ___ DENIED

REASON FOR APPROVAL, TABLING OR DENIAL: _____

MAYOR

MEETING DATE