



CITY OF
Siloam Springs
It's a natural.

REZONING APPLICATION REQUEST

NOTE: COMPLETE SECTIONS IN WHITE.

Application #	Date	Reviewed By
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Subject Property Address _____

Applicant Name _____ Address _____

Phone _____ Fax _____ E-mail _____

Owner/Developer _____ Address _____

Phone _____ Fax _____ E-mail _____

Surveyor _____ Address _____

Phone _____ Fax _____ E-mail _____

Agent for Owner _____ Address _____

Phone _____ Fax _____ E-mail _____

Zoning District _____

Present Use _____ Proposed Use _____

Legal Description	Lot	Block	Addition	
Surrounding Zoning	North	South	East	West
Specific Action Requested				

Application Fee	Account Number: 08-01-475000-000	Cost \$50.00
Legal Notification	Site Plan	5 Copies
Tech Review Date:	Public Hearing Date:	Board Date:

APPLICANT: I THE UNDERSIGNED APPLICANT, DO HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAW AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW.

SIGNATURE: _____ **DATE:** _____

PZ APPROVED	DENIED	BOARD APPROVED	DENIED
PZ SIGNATURE		BOARD SIGNATURE	
		ORDINANCE NUMBER	

PLEASE RETURN THE ORIGINAL TO THE COMMUNITY DEVELOPMENT DEPARTMENT