



REZONING APPLICATION REQUEST

NOTE: COMPLETE SECTIONS IN WHITE.

Application # _____	Date _____	Reviewed By _____
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Subject Property Address _____

Owner/Developer _____	Address _____
Phone _____	E-mail _____

Surveyor _____	Address _____
Phone _____	E-mail _____

Agent for Owner _____	Address _____
Phone _____	E-mail _____

Zoning District _____
 Present Use _____ Proposed Use _____

Legal Description	Lot	Block	Addition
Zone Requested _____			

Application Fee _____	Account Number: 08-01-475000-000	Cost \$150.00
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 STATE OR LOCAL LAW.

I/We, _____, ("Owner") am/are all of the owner(s) of real property ("Property") generally located at _____, consisting of approximately ___ acres, as shown in the evidence of ownership, *Exhibit A*, attached to this Agreement, and made a part hereto as though set out word for word herein. The Property is subject to the regulatory programs of the City of Siloam Springs, Arkansas. For purposes of this Waiver, "regulatory programs: shall be defined as set forth in Act 1002 of 2015. I/We have requested that the City take/approve the land use action ("Requested Action") herein set forth: _____

I/We acknowledge that as the request is processed for approval, changes may be made to the details and requirements for approval of the request. Some of these changes may materially alter the request, so that the final approval may be substantially different than originally requested. I hereby acknowledge and agree that this waiver shall include and apply to any and all such changes, regardless of execution of an additional waiver applicable thereto.

I/We acknowledge that the Requested Action may alter my/our rights to use, divide, sell or possess our Property, and that, by signing this Agreement, I/we hereby agree to waive any and all claims for diminution in value for the Property which may arise pursuant to Act 1002 of 2015 or otherwise as a result of the City's actions, including but not limited to approvals, denials or conditions of approvals with respect to the above-described Requested Action.

I/we hereby further understand that the City is acting in reliance upon my/our representations in this waiver.

APPLICATION AND WAIVER OF CLAIMS FOR DIMINUTION OF VALUE SIGNATURE

PROPERTY OWNER

DATE

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