

City of Artesia

Application for a Zone Change

Type or Print in BLACK or BLUE ink only:	CASE No. <hr/>
1. _____ Property Owner's Name	DATE: <hr/>
Address _____ City/State/Zip _____ Phone # _____	Flood Zone: <hr/>
2. _____ Property Owner's Name	\$300 Application fee ____
Address _____ City/ State/Zip _____ Phone # _____	

_____ Agent's Name	Current Zoning District: <hr/>
Address _____ City/ State/Zip _____ Phone # _____	Proposed Zoning District: <hr/>

Address and Legal Description of Proposed Zone Change Area: (Lot/Block/Subdivision, or ¼ ¼ Section-Township/Range) <hr/> <hr/>	Z o n e C h a n g e
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Reason for the Request: (Please attach extra sheet if necessary) <hr/> <hr/> <hr/>	Z o n e C h a n g e
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Proposed Zone Change Area: (1 acre =43,560 square foot) Sq. Ft. _____ Acres _____	<div style="text-align: center;"> FUTURE LAND USE PLAN <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Public <input type="checkbox"/> Park & Open Space <input type="checkbox"/> Religious Institution <input type="checkbox"/> Cemetery <input type="checkbox"/> Mix Use <input type="checkbox"/> Mobile Home <input type="checkbox"/> Hospital <input type="checkbox"/> Parking <input type="checkbox"/> Undetermined SHADED AREA FOR STAFF ONLY </div>	Z o n e C h a n g e
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By signing this document, I acknowledge that I have been informed of the dates, times, and locations of the meetings for the Planning and Zoning Commission and City Council and that I and/or my agent shall attend the meetings in order to fulfill the requirements of this application.

_____ 1. Property Owner's Signature	_____ 2. Property Owner's Signature	_____ Agent's Signature
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