

**APPLICATION FOR REZONING PROPERTY  
CARROLL COUNTY AREA PLAN COMMISSION**

**NOTE: This application must be accompanied by a scaled site plan and plans for proposed improvements and filed at least 21 days prior to date of the regularly scheduled meeting of the Area Plan Commission.**

**Date received by Plan Commission:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Property Owner (s):** \_\_\_\_\_

**Address of Property Owner (s):** \_\_\_\_\_

**Premises affected (Address of requested rezoning):**

\_\_\_\_\_

**Legal description:**

\_\_\_\_\_

**Present zoning:** \_\_\_\_\_ **Requested rezoning:** \_\_\_\_\_

**Reasons for rezoning request:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**A fee of \$200, payable to the Carroll County Treasurer, must accompany this application.**

**File #** \_\_\_\_\_

**Received By:** \_\_\_\_\_

**Mail Receipts Received Date:** \_\_\_\_\_