



**CITY OF HOT SPRINGS
ZONING CHANGE APPLICATION**

ADDRESS/LOCATION OF PROPERTY: _____

_____ **ACRES:** _____

WARD: _____ **CURRENT ZONING:** _____ **REQUESTED ZONING:** _____

EXISTING USE: _____ **PROPOSED USE:** _____

REASON FOR REQUESTING CHANGE IN ZONING: _____

<u>APPLICANT</u>	<u>OWNER (if different)</u>
COMPANY: _____	COMPANY: _____
CONTACT: _____	CONTACT: _____
ADDRESS: _____ _____	ADDRESS: _____ _____
TELEPHONE: _____	TELEPHONE: _____
FAX: _____	FAX: _____

ITEMS REQUIRED WITH SUBMITTAL

THE FOLLOWING ITEMS MUST BE RECEIVED WITH RETURNED APPLICATION

- _____ **Clear and legible legal description;**
- _____ **Subdivision or survey plat of property to be zoned; and**
- _____ **Sketch (8 ½ x 11) of proposed use. (Include building(s), parking, landscaping, entrances).**

Please Note: Although it is not required, it is in your best interest to contact our Engineering Department for a preliminary study of water, sewer and drainage.

Today's Date: _____ **Planning Commission Meeting Date:** _____