

REZONING APPLICATION—ZONING MAP CHANGE

City of Vermillion
25 Center Street
Vermillion, SD 57069
PH.605-677-7050 FAX 605-677-5461
<http://www.vermillion.us>

PETITIONER: _____ PH. _____

ADDRESS: _____

OWNER: _____ PH. _____

ADDRESS: _____

(Please attach additional sheets if necessary)

PROPERTY INFORMATION (Please attach additional sheets if necessary)

REQUESTED CHANGE OF ZONING IS FROM _____ TO _____

LOCATION: _____

LEGAL DESCRIPTION:

EXISTING LAND USE: _____ PROPOSED LAND USE: _____

SURROUNDING ZONING: NORTH _____ SOUTH _____ EAST _____ WEST _____

UTILITIES (YES/NO): _____ IF YES, WHICH UTILITIES: _____

WE THE OWNERS, APPLICANTS, OR AUTHORIZED AGENTS, ACKNOWLEDGE: That the information contained in this application is true and correct to the best of our knowledge; that we have read and received a copy of this application form concerning this matter; that we authorize the City of Vermillion Planning staff and designees to enter onto and inspect the above-described property, and to post the required notices on the above-described property in accordance with the Vermillion Zoning Regulations.

APPLICANT/AGENT SIGNATURE

DATE

OWNER SIGNATURE(S)

DATE

FOR OFFICE USE ONLY

DATE: _____ / _____ / _____

BUILDING OFFICIAL: _____

HEARING SCHEDULE:

PLANNING COMMISSION _____ / _____ / _____

CITY COUNCIL _____ / _____ / _____