TOWN OF PORTLAND REZONING PETITION

Applicant's Name _____ Phone Number _____
Applicant's Address _____

Address of Property to be Rezoned _____ _____ ___ ____ Section Number _____
Parcel Identification Number _____Number of Acres in Parcel _____
Number of Acres to be Rezoned _____

Property's Current Zoning Classification _____ Proposed Zoning Classification _____
Current Property Use_____ Proposed Use_____

Applicant's Justification for the Proposed Rezoning_____
_____
_____
_____

Names and Addresses of owners of all properties lying within 100 feet of the area proposed to be rezoned. Attach an additional page, if needed.

_____ _____
_____
_____ _____
_____
_____ _____
_____
_____ _____
_____
_____ _____
_____

Attach a plot plan/survey showing the specific area to be rezoned--its precise location and dimensions--and the zoning classification(s) and existing use of all properties within 100 feet of the area proposed to be rezoned.

CERTIFICATE: I, the undersigned, hereby certify that all of the above information, in addition to all information contained on any attachments submitted herewith, is true and correct to the best of my knowledge.

Applicant's Signature _____ Date_____

Date of Plan Commission's Public Hearing _____

Plan Commission's Recommendation : Approve_____ Deny _____ Vote _____ Date_____