

**CITY OF SUNSET VALLEY  
APPLICATION FOR ZONING CHANGE**



DATE: \_\_\_\_\_

TO THE CITY COUNCIL: \_\_\_\_\_ (name), hereby makes application to the City Council of the City of Sunset Valley for change in zoning designation of the property described below:

ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

PRESENT ZONING: \_\_\_\_\_

PRESENT USE OF PARCEL AND ALL CONTIGUOUS PARCELS: \_\_\_\_\_  
\_\_\_\_\_

REQUESTED ZONING CHANGE: \_\_\_\_\_

REQUESTED USE OF PARCEL AND ALL CONTIGUOUS PARCELS: \_\_\_\_\_  
\_\_\_\_\_

TYPE OF OWNERSHIP:       SOLE OWNERSHIP \_\_\_       TRUST \_\_\_       OTHER (Specify) \_\_\_\_\_

Volume and page of deed which conveyed the property to the present owner: \_\_\_\_\_  
\_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

IF THE APPLICANT IS NOT THE OWNER, THEN THE OWNER MUST AUTHORIZE THE APPLICANT TO ACT AS AGENT: OWNER'S SIGNATURE AUTHORIZING APPLICANT AS AGENT: \_\_\_\_\_

OWNER'S NAME (if not applicant) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

If ownership is other than sole or community property, name the partners, principals, beneficiaries, etc. respectively with Name, Position, Address, and percentage ownership.

This application shall be accompanied by information which satisfies the requirements of LDC 2.305(c) and 2.305(e)(4).

\_\_\_\_\_

Application Fee \$ \_\_\_\_\_ Date Received \_\_\_\_\_ By \_\_\_\_\_

Comments: \_\_\_\_\_