TOWN OF ALEXANDRIA REZONING REQUEST FORM

- 1. In order to be placed on the Alexandria Zoning and Planning Commission's agenda, this form must be filled out and turned in at least fifteen days prior to the planning commission's meeting date.
- 2. Rezoning Process (an average two to three month process):
 - A) Completed application
 - B) Planning commission reviews the request and makes a recommendation to Alexandria Mayor and Board of Aldermen.
 - C) The Mayor and Board of Aldermen review the request as a rezoning ordinance.
 - (1) There must be two readings of the ordinance
 - (2) There must be a public hearing held with notice given in a local circulation news paper at least 15 days prior to the hearing.
- 4. If the rezoning ordinance passes, the Official Zoning Map of Alexandria is amended to show the change in zoning.

PROPERTY OWNER:
NAME:
ADDRESS:
PHONE NUMBERS: WORK:HOME:
REPRESENTATIVE/DEVELOPER (if different from property owner):
NAME:
ADDRESS:
PHONE NUMBERS: (WORK): (HOME):
PROPERTY DESCRIPTION & LOCATION:
PROPERTY ADDRESS:
TAX MAP IDENTIFICATION: MAP #: GROUP #PARCEL #
SIZE OF PROPERTY (Acreage or square feet):
ZONING:
CURRENT ZONING CLASSIFICATION:
REQUESTED ZONING CLASSIFICATION:

JUSTIFICATION FOR CHANGE OF ZONING:

In its recommendation to the board of mayor and aldermen, the planning commission will consider the following items:

- 1) Was an error made in the original zoning of the property?
- 2) Have the characteristics of the area changed to the extent that a change in the zoning would be warranted?
- 3) How would the requested change affect the surrounding area?
- 4) Is the area large enough to be zoned on its own or is it abutting the same zone as requested?

JUSTIFY YOUR ZONING REQUEST BASED ON THE ITEMS ABOVE (The planning commission will look only at what is allowed in the zone requested, <u>not</u> what you plan to do with the property. Once a zone is		
changed, all uses in that zone are allowed for that change.) (If you need mo	ore space attach another page):	
PROPERTY OWNER SIGNATURE	DATE	
REPRESENTATIVE SIGNATURE (if different from property owner)	DATE	
YOU ARE REQUIRED TO ATTEND THE PUB	I IC HEADING	
TO ANSWER ANY QUESTIONS CONCERNING YOUR		
For Office Use Only:		
Date Received By		
\$150.00 Fee Paid Date Approved Date	Date Denied	