

**CITY OF SPRINGVILLE**  
**APPLICATION FOR REZONING**

Date of application: \_\_\_\_\_

Applicant(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Owner: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Tax Map Parcel Identification Number: \_\_\_\_\_

Acreage: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Current Land Use: \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

---

**FOR CITY USE ONLY**

Check all required submissions with this application:

\_\_\_ \$100 rezoning fee                      Date received: \_\_\_\_\_ Receipt #: \_\_\_\_\_

\_\_\_ Written reason for request

\_\_\_ Vicinity map

\_\_\_ Site plan

Scheduled hearing date: \_\_\_\_\_

Application received by: \_\_\_\_\_