

Town of Buchanan
APPLICATION FOR: Rezoning

OFFICE USE ONLY

File No. _____

Date Filed _____

Fee Paid _____

Application Date _____

Applicant or Agent _____

Address _____ Telephone _____

Owner of Property _____

Address _____ Telephone _____

Contractor _____

Address _____ Telephone _____

Legal Description of Property _____

Lot Size _____ Present Zoning District _____

Present Use _____

Proposed Use _____ Proposed Zoning District _____

This request is for a Rezoning under the terms of Section _____
of the Town of Buchanan Zoning Ordinance.

Attach the following:

1. A plot plan, drawn to scale, showing the area involved, its location, dimensions and the location of any structures on the property and the location, if appropriate, of any structures within 300 feet of the property in question.
2. A statement addressing any conditions set forth by the Zoning Ordinance.

Certification

I hereby certify that all the above statements and attachments submitted herewith are true and correct to the best of my knowledge and belief.

Date _____ Date _____

Signature of Applicant

Town Clerk

***Submit three (3) copies of application and attachments.**