



Rezoning Application

1. **Applicant or Project Name:** _____
2. **Physical Address:** _____
3. **Property Identification:** County: _____ Map: _____ Group: _____ Parcel: _____
4. **Current Zoning District(s):** _____
5. **Current Land Use:** _____
6. **Proposed Zoning District(s):** _____
7. **Detailed Justification for the Rezoning:** _____

8. **Please include 2 paper copies, if larger than 11x17, and 1 electronic file in pdf format of the Map depicting the parcel(s) requested for Rezoning.** This Map shall include:
 - a. Title, north arrow, graphic scale, date, Map & Parcel #, legal description and the acreage to be rezoned.
 - b. Dimensions in feet of the property to be rezoned.
 - c. All roads and Easements within or adjoining property to be rezoned.
 - d. Location, size, type and current use of any building and structures on the property to be rezoned.
 - e. Identification of ALL adjoining property owners in relation to the property to be rezoned.

9. **A fee in the amount of \$300.00 made to the order of *the City of Millersville***

Paid by: CASH OR CHECK #: _____ Date: _____

Signature of Applicant: _____

Please print name & title: _____

All rezoning applications must be accompanied by an ORIGINAL Letter of Rezoning Request with notarized signatures by ALL owners of record or their documented authorized agents.