

CITY OF AUBURN

RE-ZONING REQUEST FORM

FOR OFFICE USE:	
_____	Date Received
_____	Amount Paid
_____	Date Published
<input type="checkbox"/> APPROVED	
_____	Date
<input type="checkbox"/> DENIED	
_____	Date

DATE OF APPLICATION: _____

1. _____
NAME OF OWNER(S)

MAILING ADDRESS OF PROPERTY OWNER

2. **LEGAL DESCRIPTION (INCLUDING ADDRESS IF DIFFERENT FROM ABOVE):**

3. **CURRENT ZONING CLASSIFICATION:**

- | | |
|--|---|
| <p>_____ A-1 AGRICULTURE</p> <p>_____ R-1 RESIDENTIAL SINGLE FAMILY</p> <p>_____ R-2 RESIDENTIAL SINGLE OR 2-FAMILY</p> <p>_____ R-3 RESIDENTIAL MULTI-FAMILY</p> <p>_____ B-1 BUSINESS OFFICE & RETAILING</p> | <p>_____ B-2 BUSINESS GENERAL</p> <p>_____ I-1 INDUSTRIAL LIMITED</p> <p>_____ I-2 INDUSTRIAL GENERAL</p> <p>_____ RM-4 MOBILE HOME PARKS</p> |
|--|---|

4. **DESIRED ZONING CLASSIFICATION:**

- | | |
|--|---|
| <p>_____ A-1 AGRICULTURE</p> <p>_____ R-1 RESIDENTIAL SINGLE FAMILY</p> <p>_____ R-2 RESIDENTIAL SINGLE OR 2-FAMILY</p> <p>_____ R-3 RESIDENTIAL MULTI-FAMILY</p> <p>_____ B-1 BUSINESS OFFICE & RETAILING</p> | <p>_____ B-2 BUSINESS GENERAL</p> <p>_____ I-1 INDUSTRIAL LIMITED</p> <p>_____ I-2 INDUSTRIAL GENERAL</p> <p>_____ RM-4 MOBILE HOME PARKS</p> |
|--|---|

5. **ADJOINING PROPERTY**

OWNERS	ADDRESS	ZONING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SKETCH OF AREA (USE REVERSE SIDE IF MORE SPACE NEEDED):

SIGNED: _____

DATE: _____