

TOWN OF KOSSUTH
Rezone Request Application

Date: _____ Applicant Name: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Land Owner Name: _____ Tax Parcel Number: _____

Total Parcel Acres: _____ Acres to be Rezoned: _____

Current Zoning: _____ Proposed Zoning: _____

Location of Subject Property: _____ 1/4, _____ 1/4, Section _____, T _____ N-R _____ E

Current Land Use: _____

Proposed Land Use:
(Reason for rezoning, be specific, including immediate and long term plans)

Printed Name and Signatures of Adjoining Landowners:

| <u>Name</u> | <u>Signature</u> |
|-------------|------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Other Applicable Information: _____

Applicant Signature: _____

Reference instruction sheet for additional information