

ReZone Filing Date: \_\_\_\_\_

Application Fee: \$50

Sign Fee: \$10

Total Due: \$60



**CITY OF RUSSELLVILLE**  
Planning and Development Department

220 N. Knoxville

Russellville, AR 72801

Telephone (479) 968-1002; Fax (479) 968-2358

**APPLICATION TO THE RUSSELLVILLE PLANNING COMMISSION FOR AN  
AMENDMENT TO THE OFFICIAL ZONING MAP**

*All items must be completed. Mark "NA" if Not Applicable. If additional space is needed, attach more pages to this form. Failure to provide a complete application could result in postponement of application being heard before the Planning Commission.*

**EXISTING ZONING CLASSIFICATION:**

**PROPOSED ZONING CLASSIFICATION:**

**PROPERTY OWNER - WHO IS THE PROPERTY VESTED TO?**

Name

Address

Telephone

E-mail

**APPLICANT: (If not owner attach an Appointment of Agent form)**

Name

Address

Telephone

E-mail

**PROPERTY ADDRESS:**

Legal Description:

INTENDED USE OF THE SITE:

**(THERE ARE) (THERE ARE NO)** DEED RESTRICTIONS PERTAINING TO THE USE OF THIS PROPERTY. ANY RESTRICTIONS ARE DESCRIBED AS:

**EXPLAIN WHY PROPOSED CHANGES ARE IN ALIGNMENT WITH SURROUNDING LAND USES:**

**\* Include with the application** a professional drawing of the property, including surrounding property, a list of names and addresses of owners and occupants of surrounding properties within 200 ft., and any supporting documentation pertinent to this application.

**Under penalties of perjury, I declare that I have examined this application/petition, including accompanying materials, and state to the best of my knowledge and belief, it is true, correct, and complete.**

Appeal Process: Any Applicant aggrieved by the determination of the City Council may, within thirty (30) days of such decision, appeal the determination of the Council to the Circuit Court of Pope County, Arkansas.

**SIGNATURE OF APPLICANT:**

**DATE:**