



# City of PEÑITAS

## APPLICATION FOR A ZONE CHANGE

Property Owner(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zipcode: \_\_\_\_\_

Physical Address where Zoning Change is requested: \_\_\_\_\_

### Legal Description

Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Blk: \_\_\_\_\_

### Current Property Classification:

Residential      OR      Commercial      Size of Property: \_\_\_\_\_ acres

### Please state reason for the Zone Change:

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Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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