

ZONE CHANGE APPLICATION



- CITY OF DUBOIS
- CITY OF SPENCER
- CLARK COUNTY

1. Applicant Name (Must be Property Owner)	Address	City, State, Zip Code	Phone
2. Property Location Township___ Range___Sec___	Property Size (Acres)	Property Legal Description (Attach Recorded Deed)	
3. Existing Zoning and Existing Use.		4. Describe the Reasons for and Proposed Zoning and Proposed Use.	
5. Signature	<p>This signature acknowledges that all information on this application and any attachments is true and correct, AND that the activity permitted will be conducted in full compliance with all ordinances of the City or County, State, and Federal Laws; AND that the activity conducted will be in full compliance with any and all conditions imposed on this application's approval.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Applicant Signature Date</p>		
OFFICIAL OFFICE USE			
Application Accepted By: _____		Date: _____	Application Fee Received:
Zoning District:	Notice Published: Yes: Date: No:	Checked for Health Depart. Compliance: Complies: Fails to Comply:	
Conditions Imposed:	Additional Sheets may be attached as needed.		
Application Approved by:		Date:	