

# CITY OF MCMINNVILLE REZONING REQUEST FORM

1. In order to be placed on the City of McMinnville's Regional Planning Commission's agenda, this form must be filled out and turned in on the first Tuesday of the month prior to the planning commission's meeting date.
2. The regular meeting date of the Planning Commission is held on the 2<sup>nd</sup> Monday of each month at 12:00 noon in the council room on the second floor of McMinnville City Hall.
3. Rezoning Process (an average two to three month process):
  - a. Completed application submitted on the first Tuesday of the month prior to the planning commission's meeting date.
  - b. Planning Commission reviews the rezoning request and makes a recommendation to McMinnville Board of Mayor and Aldermen.
  - c. The McMinnville Board of Mayor and Aldermen reviews the request as an ordinance.
    1. There must be two reading of the ordinance.
    2. There must be a public hearing held with notice given in a local circulation newspaper at least 15 days prior to the hearing.
4. If the ordinance to rezone passes, the Official Zoning Map of the City of McMinnville is amended to show the change in zoning.

## PROPERTY OWNER

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS: (WORK) \_\_\_\_\_ (HOME) \_\_\_\_\_

## DEVELOPER OR REPRESENTATIVE (if different from property owner)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS: (WORK) \_\_\_\_\_ (HOME) \_\_\_\_\_

RELATIONSHIP TO OWNER: \_\_\_\_\_

## PROPERTY DESCRIPTION & LOCATION

ADDRESS: \_\_\_\_\_

TAX MAP IDENTIFICATION: MAP #: \_\_\_\_\_ GROUP # \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF PROPERTY (Acreage or square feet): \_\_\_\_\_

ZONING

CURRENT ZONING CLASSIFICATION: \_\_\_\_\_

REQUESTED ZONING CLASSIFICATION: \_\_\_\_\_

JUSTIFICATION FOR CHANGE OF ZONING

In its recommendation to the McMinnville Board of Mayor and Aldermen, the Planning Commission will consider the following items:

- 1) Was an error made in the original zoning of the property?
- 2) Have the characteristics of the area changed to the extent that a change in the zoning would be warranted?
- 3) How would the requested change affect the surrounding area?
- 4) Is the area large enough to be zoned on its own or is it abutting the same zone as requested?

JUSTIFY YOUR ZONING REQUEST BASED ON THE ITEMS ABOVE (The Planning Commission will look only at what is allowed in the zone requested, not what you plan to do with the property. Once a zone is changed, all uses in that zone are allowed for that change.) (If you need more space attach another page):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have read and understand the information provided in this application concerning the process for the obtainment or denial of a Rezoning.

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

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YOU ARE REQUIRED TO ATTEND THE PUBLIC HEARING  
TO ANSWER ANY QUESTIONS CONCERNING YOUR REZONING REQUEST**

**FOR STAFF USE ONLY**

Date Received \_\_\_\_\_ By \_\_\_\_\_ \$100 Fee Paid \_\_\_\_\_

Approved \_\_\_\_ Date Approved \_\_\_\_\_

Disapproved \_\_\_\_ Date Approved \_\_\_\_\_

Continuance (to a later meeting) \_\_\_\_