



MUNICIPALITY OF MT. LEBANON
REZONING REQUEST APPLICATION

RZ 201__ - ____

NAME OF PLAN:
LOCATION OF PLAN:
PROPERTY LOT AND BLOCK NUMBER:

PROPERTY OWNER INFORMATION

NAME:
ADDRESS:
PHONE NUMBER:

APPLICANT INFORMATION (If different from landowner)

NAME:
ADDRESS:
PHONE NUMBER:
EMAIL ADDRESS:

PROPERTY INFORMATION

PRESENT ZONING CLASSIFICATION:
TRANSITIONAL OVERLAY ZONING:
TOTAL CONTIGUOUS ACREAGE IN PLAN:
LOT AREA: SQ. FT. LOT FRONTAGE: FEET
TOTAL LOTS OR DWELLING UNITS:

DESCRIPTION OF REQUEST:

APPLICATION FILING FEE: \$ DATE PAID: CHECK #

I, hereby affirm that all of the information presented in this application, and the materials submitted herewith, are true and I understand that I must abide by all applicable Municipal Ordinances.

SIGNATURE OF APPLICANT: DATE:

To be completed by the municipality

Date Filed: Public Hearing Date: Decision Date: