



**CHECKLIST FOR ZONING AMENDMENT
CITY OF LOUISVILLE**

Date _____

The undersigned, owner(s) of the following legally described property, hereby request the consideration of change in a zoning district classification as specified below:

Name of Applicant(s) _____

Name of Property Owner(s) _____

Address _____

Contact Number _____

Present Zoning District _____ Existing Use _____

Proposed Zoning District _____ Proposed Use _____

Support Information to be submitted with Zoning Amendment request:

- A. Planning Commission application.
- B. Zoning Amendment fee.
- C. A graphic or legal description of the proposed zoning amendment adequately describing the district and area to be modified, including the number of lots to be rezoned.

Process for a Zone Change:

- A. Planning Commission reviews application and if recommended for approval, forwards the request to the City Council.
- B. Council reviews the request (as an Ordinance) and sets a Public Hearing.
- C. Council acts on the Ordinance
- D. Total process time is about four (4) months.

I certify that the information contained in this application and its supplements is true and correct.

Applicant's Signature

For Office Use Only:

Listing of property owners and mailing addresses within a 500 ft radius of the proposed zone change. 1138.01(c)(1)(B)