

**CITY OF MAGEE, MISSISSIPPI
APPLICATION FOR ZONING ACTION:
REZONING, SECTION 2506**

TYPE OF ZONING ACTION REQUESTED:

REZONING FROM _____ TO _____

DATE: _____

Name of Applicant (PROPERTY OWNER ONLY): _____

Address of Applicant: _____

Telephone: _____

Email address: _____

Property Address: _____

Name of Attorney or Representative: _____

Legal Description of Property (to include parcel number and PPIN): _____

(attach additional pages if necessary)

DOES THE PROPERTY HAVE RESTRICTIVE COVENANTS? _____ YES _____ NO
(If YES, please attach a copy of the restrictive covenants.)

HAS ANY REZONING REQUEST FOR THIS PROPERTY BEEN MADE IN THE LAST
YEAR? _____ YES _____ NO
(If YES, please attach a copy of all decisions of the Planning Commission and the Mayor and
Board of Aldermen.)

PLANNED USE OF PROPERTY: _____
(Attach plans showing property boundaries, relation to streets, ingress and egress to the facilities
and off-street parking.)

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The Applicant for Rezoning must, in writing below, state the following:

1. The purpose for the request
2. The grounds upon which the request is based
3. The relationship of the request to the promotion of the public health, safety, or general welfare of the City of Magee

(Attach additional pages if necessary)

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By signing this application, it is understood and agreed that permission is given the City of Magee to place a sign on said property, giving notice to the public that said property is being considered for zoning action. It is further understood that after a hearing has been held or a determination made, that said sign may be removed from the owner's property by the City of Magee, or it may remain until the case is finalized, if deemed necessary.

Be it further understood by the applicant that removal of the sign before the hearing will constitute a withdrawal by the petitioner, and the case will not be heard.

It is further understood and agreed upon by the applicant, and permission is hereby granted to the Zoning Administrator, for inspections, investigations and/or evaluation reports pertaining to said property to be made by the appropriate agencies.

In the event such investigations, etc., disclose this property does not meet the requirements for the proposed usage, then this request will be held in abeyance until such time as those requirements are met and/or evidence of such is submitted.

By signing this application, I acknowledge that the above information is true, correct, and complete to the best of my knowledge.

PROPERTY OWNER SIGNATURE: _____

STATE OF MISSISSIPPI, COUNTY OF _____.

SWORN TO AND SUBSCRIBED BEFORE ME,

This the _____ day of _____, _____.

NOTARY PUBLIC: