



CITY OF ALEXANDRIA
8236 West Main Street
Alexandria, KY 41001
(859) 635-4125 Fax (859) 635-4127

REZONING APPLICATION

Hearing Date: _____ Project Number: _____

Date Submitted: _____

FEE: \$1,250.00 plus \$30/per acre, per plat or parcel to be subdivided from a parcel tract requiring approval for mortgage or conveyance purposes. Required fees shall be paid at the time of submittal of this application. All checks and money orders are payable to the City of Alexandria.

LEGAL DESCRIPTION:

Property Location: _____

Current Zoning of _____ to _____ Acreage: _____

Is Area Platted? _____ Name of Plat: _____

Preliminary/Final Submitted? _____ Name of Plat: _____

FEE OWNERS OF AREA TO BE REZONED:

Name: _____ Address: _____ Ph# _____

Name: _____ Address: _____ Ph# _____

Name: _____ Address: _____ Ph# _____

I/We, the undersigned, request a hearing before the Alexandria Planning and Zoning Commission in regard to the above, described property. I/We hereby depose and say under penalties of perjury, that all the statements contained in or submitted with this application are true.

Owner or Duly Authorized Legal Agent's Signature

County of _____

State _____

Subscribed and sworn to here before me this _____ day of _____, 20_____

My Commission expires: _____ By: _____

For Office Use

Fee Amount Paid: \$ _____ on _____ Received by: _____

Approved: _____ Approved w/Conditions: _____ Not Approved: _____
