

# REZONING APPLICATION

# City of Duquesne

You must provide all requested information on the request. Blanks may delay processing of your request. (Write "n/a" if information is not applicable.)

Date: \_\_\_\_\_

Filing Fee: \$325.00

**Owner:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Applicant:** \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_  
(person to whom all correspondence will be sent)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Property Location:** \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (attach separate sheet if necessary)

Adjacent Zoning and Land Use:	Existing Land Use	Zoning
North	_____	_____
South	_____	_____
East	_____	_____
West	_____	_____

NOTE: The City's Zoning Ordinance may be viewed in its entirety at the City Hall – 1501 S Duquesne Road.

Present Use of Property: \_\_\_\_\_

Proposed Use of Property: \_\_\_\_\_

**Current Zoning:** \_\_\_\_\_ **Zoning Requested:** \_\_\_\_\_

Reason for Request:     Denied Permit         Change of Land Use         New Development

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Applicant's Signature (if different)

**Return Form to:** City Clerk at City Hall

<p><b>Office Use Only:</b>    Date Received: _____    Hearing Date: _____</p> <p>Approved:    <input type="checkbox"/> Yes    <input type="checkbox"/> No    Filing Fee: _____</p>
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