

Fee: \$ 400.00  
(+\$150 for each additional parcel)

Does request require a  
Plan Category change? ☐ Yes ☐ No  
(If YES, additional form & fee is required)

Receipt: \_\_\_\_\_

## **PETITION FOR REZONING**

I, \_\_\_\_\_, hereby petition the Lincoln County Board of  
(Petitioner, Print Name)  
Supervisors to rezone the following described lands in the Town of \_\_\_\_\_, owned  
(name of Town)  
by \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.  
(Property Owner, Print Name) (Current Zoning District) (Requested Zoning District)

Tax Parcel Number (PIN): \_\_\_\_\_

Legal Description Summary: Section: \_\_\_\_\_ Township: \_\_\_\_\_ North Range: \_\_\_\_\_ East  
Gov Lot: \_\_\_\_\_ OR Quarter/Quarter: \_\_\_\_\_  
Lot Number: \_\_\_\_\_ Subdivision/CSM: \_\_\_\_\_

Reason for Rezone: \_\_\_\_\_

***REQUIRED: ATTACH A SCALED MAP SHOWING WHAT IS INCLUDED IN THIS REQUEST.***

Is this petition in conjunction with an active rezone request? ☐ YES ☐ NO

If YES, list the Tax Parcel Number for the primary request: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Property Owner Information

Name : \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

### Petitioner Information (if other than owner)

Name : \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

Referred to Lincoln County Land Services Committee:

Date \_\_\_\_\_

Christopher J. Marlowe – Lincoln County Clerk

### FOR OFFICE USE ONLY

Date Application Received: \_\_\_\_\_

By (Staff): \_\_\_\_\_

Date of Hearing: \_\_\_\_\_

Town

Tax Parcel #

First Name

Owner

Last Name