CHAVES COUNTY/ETZ ZONING ORDINANCE

APPLICATION TO REZONE PROPERTY

Case Number:_____ Date Received: _____ Fee: _____

Name of Property Owner: _____ Phone Number: _____

Mailing Address: _____

Name of Applicant: _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone Number: _____ Business Phone Number: _____

Applicant Status: ☐ Owner ☐ Agent ☐ Tenant ☐ Other _____

Site Address: _____ ☐ ETZ ☐ Chaves County

Property Legal Description: _____

_____ UPN: _____

Present Land Use: _____

_____

Intended Land Use: _____

Present Zoning: _____ Requested Zoning: _____ Size of Development in Acres: _____

Reason for Request (Attach sheets if more space is needed): _____

_____

_____

_____

_____ Copy of Deed Attached: ☐

I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF THE DATES, TIMES, AND LOCATIONS OF THE PUBLIC MEETINGS WHICH I OR MY AGENT MUST ATTEND IN ORDER TO FULFILL THE REQUIREMENTS OF THIS APPLICATION.

_____ _____

Owner's Signature Date

Application Instructions, Code Information and Permit Requirements listed on Reverse