

**ZONE CHANGE APPLICATION
CITY OF STANTON**

Owner's Name: _____

Owner's Address: _____

Telephone: _____

Date: _____

***Zone Change Request Location**

Present Zone _____

Present Use _____

Proposed Zone _____

Proposed Use _____

Attorney _____

Address _____

Adjacent Property Zone and Use:

North _____

South _____

East _____

West _____

City Services Status:	Exists	Will Provide
Sewers	_____	_____
Refuse	_____	_____
Water	_____	_____
Electric	_____	_____
Gas	_____	_____
Fire, Police	_____	_____
Storm Sewers	_____	_____

JUSTIFICATION FOR ZONE CHANGE: (Check KRS 100.211, 100.213)

OTHER INFORMATION:

