



# PETITION FOR REZONING

## *City of Oronoco*

*Applicant Information:*

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

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

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

Address for Rezoning: \_\_\_\_\_

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

Legal Description of property: Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Plat / Parcel: # \_\_\_\_\_ Addition: \_\_\_\_\_

Current Zone: \_\_\_\_\_ Proposed Zone: \_\_\_\_\_

Reason for Rezoning: \_\_\_\_\_

Names and addresses of property owners within 350' of the property described in this application  
(use addition sheet if needed): \_\_\_\_\_

1. Will the proposed zoning change be suitable so as not to create excessive burden on existing parks, schools, streets, parking supply, and other public facilities which serve or are proposed to serve the area? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please explain: \_\_\_\_\_

2. Will the proposed zoning change be sufficiently compatible or separated by distance or screening from adjacent residentially zoned or used property? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please explain: \_\_\_\_\_

3. Please describe the proposed use of the property: \_\_\_\_\_

4. Will the use be appropriate so as not to contribute to traffic congestion / hazard?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please explain: \_\_\_\_\_

5. Does the site have adequate utilities, access roads, drainage and necessary infra-structure facilities? Yes: \_\_\_\_\_ No: \_\_\_\_\_

6. Land Use Amendment needed? Yes: \_\_\_\_\_ No: \_\_\_\_\_ From zone \_\_\_\_\_ to zone \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR PLANNING AND ZONING COMMISSION USE ONLY**

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1. Will the proposed zoning change be compatible with the overall needs of the City and with the existing land use? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Comments: \_\_\_\_\_

2. Is the proposed zoning change consistent with the purposes of the zoning chapter and the geographic district in which the rezoning is intended? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Comments: \_\_\_\_\_

3. Will the proposed rezoning be sufficiently compatible with the goals and objectives of the local comprehensive plan? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Comments: \_\_\_\_\_



PLANNING AND ZONING: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Findings of Fact for Approval or Denial: \_\_\_\_\_

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\_\_\_\_\_