

City of Cache Planning Commission

404 West C Ave, Cache Ok. 73527 Telephone 580-429-3354 Fax 580-429-3351

Application For Rezoning

| 1. | Applicant(s): | _ Phone |
|----|--|--------------------------------|
| | Address: | |
| 2. | Owner(s): | Pho |
| | Address: | Fax |
| 3. | Request Rezoning From: | |
| 4. | Proposed Use (including all buildings to be construct | |
| | From: | |
| | To: | |
| 5. | Street Address or Location: | · |
| 6. | Legal Description of Property: | |
| 7. | Tract Size: | |
| 8. | In order that your application cap considered at the next Planning Commission Meeting, you must submit This completed application ahe an other information to include filing fee to the Planning Division for processing Due to public hearing notice requirements the Planning Staff will advise you of the earliest date available for Consideration by the Planning Commission and City Council. You must submit the following: a. A completed application form. b. Proof of ownership of the property or power of attorney from the property owner. c. Certified list of names and addresses of all property owners within 300 feet of the request. A map Showing the 300-foot notification area will be provided to the applicant by the Planning Committee. d. A site plan, basic or detailed, as required by Section 15-38-3 of the Cache City Code. | |
| 9. | You may submit any other information you wish to support your request for rezoning. | |
| | Signature of Applicant(s) | Signature of Property Owner(s) |
| | Date Submitted: | |