

**CITY OF MOUNTAIN VIEW, ARKANSAS
APPLICATION FOR AMENDMENT TO ZONING ORDINANCE**

Application is hereby made to amend the Mountain View Zoning Ordinance as described below. This application must be completed, in all particulars, and submitted to the Secretary of the Planning Commission at least 15 days prior to a scheduled meeting of the Planning Commission.

1. Nature of amendment (change in setback requirements for a zone, procedural changes, rezones, etc.):

2. Section of Zoning Ordinance for which amendment is requested: _____
3. Reasons for requesting amendment (use additional sheets if necessary):

4. Location of property: Lot No: _____ Block No: _____ Addition: _____
Address: _____
5. Attach map (of at least 1" = 100' scale) showing: a) land use within 200' of proposed rezone;
b) all zoning districts within 200' of proposed rezone.

Applicant(s) Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

RECOMMENDATION OF PLANNING COMMISSION TO CITY COUNCIL:

- _____ RECOMMEND APPROVAL (for the following reasons)
_____ RECOMMEND DISAPPROVAL (for the following reasons)

Signed: _____ Date: _____
Chairman, Planning Commission

Narrative:

CITY COUNCIL ACTION:

_____ APPROVED Signed: _____
Date: _____ Mayor
_____ DISAPPROVED Date: _____

1. Meeting of Planning Commission to set public hearing (date): _____
2. Date of public hearing (within 45 days of date of application): _____
3. Notice of public hearing (published 15 days prior to 2 above: attached
4. Owners notified of hearing (date and method of notification): list attached
5. Notice of public hearing posted on property: _____

Application Fee of \$ _____ received.

Signed: _____ Date: _____
Zoning Enforcement Officer