

**City of Madisonville
Planning Commission
Application for Rezoning**

APPLICANT NAME: _____

Address: _____

Phone Number: _____ Email: _____

PROPERTY OWNER NAME: _____

Address: _____

Phone Number: _____ Email: _____

DESCRIPTION OF PROPERTY:

Property Street Address: _____

Parcel(s) No.: _____ Group: _____ Tax Map No.: _____

Size of Tract: _____

Current Zoning District: _____

Proposed Zoning District: _____

ATTACH MAP OF LAND REQUESTING FOR REZONING

Submitted by:

Signature

Date