



Town of Smyrna

REZONING REQUEST

| PARCEL INFORMATION | | | |
|--------------------------|--------|--------------------------|-------|
| EXISTING ZONING DISTRICT | | PROPOSED ZONING DISTRICT | |
| SITE ADDRESS: | | | |
| TAX MAP | PARCEL | GROUP | ACRES |

| APPLICANT'S INFORMATION | | APPLICANT IS: <input type="checkbox"/> OWNER OR <input type="checkbox"/> AUTHORIZED AGENT OF OWNER | |
|-------------------------|--|--|----------|
| Last Name | | First Name | |
| Street Address | | | |
| City | | State | Zip Code |
| Telephone Number | | Cell Phone Number | |
| Email | | | |

Property Owner Signature: _____ Date: _____

Contractor/Agent Signature: _____ Date: _____

For Official Use Only

Date Received: _____ Review Fee: _____ Initials: _____