



City of Bixby Application for Rezoning

Applicant: _____
Address: _____
Telephone: _____ Cell Phone: _____ Email: _____

Property Owner: _____ If different from Applicant, does owner consent? _____
Property Address: _____
Existing Zoning: _____ Requested Zoning: _____ Existing Use: _____
Proposed Use: _____ Use Unit #: _____

LEGAL DESCRIPTION (If unplatted, attach a survey with legal description or copy of deed):

Does Record Owner consent to the filing of this application? YES NO

If Applicant is other than Owner, indicate interest: _____

Is subject tract located in the 100 year floodplain? YES NO

BILL ADVERTISING CHARGES TO: _____ (NAME)

(ADDRESS) (CITY) (ZIP) (PHONE)

I do hereby certify that the information submitted herein is complete, true and accurate:

Signature: _____ Date: _____

APPLICANT – DO NOT WRITE BELOW THIS LINE

.....
BZ- ____ Date Received _____ Received By _____ Receipt # _____
Planning Commission Date _____ City Council Date _____

____ Sign(s) at \$ 110.00 each = \$ _____; Postage \$ _____; Total Sign + postage \$ _____

FEES:	BASE FEE	ADDITIONAL	TOTAL
	_____	_____	_____

PC Action _____ City Council Action _____
DATE / VOTE _____ DATE / VOTE _____
STAFF REC. _____ ORD. NO. _____
Building Permit # _____ Case Reference # _____