Town of Viola

APPLICATION FOR CHANGE OF ZONING

PERSON SEEKING ZONING CHANGE	OWNER OF PROPERTY (if not same)
Name:	Name:
Mailing Address:	Mailing Address:
Phone #:	Phone ≱:
Physical Address:	
Use Description:	
Current Zoning:	
Requested Zoning:	
On a separate piece of paper please provide a drawing of the property with the following clearly marked:	
* Lot lines	* All affected setbacks
* All existing buildings	* Requested Zoning Change
I am requesting the conditional use designation of Town of Viola Planning & Zoning Ordinance stated above and understand that the Town of Viola will not authorize a conditional use unless it finds that the authorization of such conditional use will not be a substantial detriment to the public good or to adjacent property and that the character of the district will not be changed be the granting of the variance.	
Sign:	Date:
FOR THE USE OF VIOLA PLANNING & ZONING COMMITTEE ONLY	
APPROVED / DECLINED	
Notes:	Signed: