

TOWN OF SARATOGA REZONING REQUEST

APPLICANT:

Name: _____

Address: _____

(City, State, Zip Code)

Telephone: _____

AGENT FOR APPLICANT:

Name: _____

Address: _____

(City, State, Zip Code)

Telephone: _____

REQUESTED CHANGE: (State briefly reason for request)

PROPERTY LOCATION AND DESCRIPTION:

Lot: _____ Block _____ Subdivision _____

_____ 1/4 of the _____ 1/4 of Section _____ Township _____ N, Range _____ East

Legal Description of Property: _____

Address of Property: _____

Signature of Applicant: _____ Date: _____

\$300.00 Non-refundable Fee Required

Paid on Date: _____

Plan Commission Action: _____ Date: _____

Town Board Action: _____ Date: _____