



TOWN OF SPRINGERVILLE

"GATEWAY TO THE WHITE MOUNTAINS"

APPLICATION FOR REZONING

Name of Applicant(s)
*(Applicant must be the legal owner or
Show Power of Attorney)*

Parcel Number(s)
(Attach legal description)

Applicant Mailing Address

Property Address

Current Zoning Classification

Applicant Telephone Number(s)

Requested Zoning Classification

Signature of Applicant(s)

See Page 2 for required documentation

Date

Fee: \$ _____ 01-4007

Received By: _____

Date Stamp:

Neighborhood Meeting: _____

P&Z Hearing: _____ Notice Date: _____

Action: _____

Confirmed By: _____

All documentation MUST be submitted before an application is complete