



Zoning Application for the City of Vienna
Zoning & Planning Commission
229-268-4920

Name of Applicant: _____ Date: _____

Mailing Address of Applicant: _____ Telephone: _____

In order that the general health, safety and welfare of the citizens of Vienna may be preserved, and substantial justice maintained, I (We) the undersigned respectfully request in connection with the property hereinafter described (check one):

- _____ Rezoning from _____ Zone to _____ Zone.
_____ A variance from the terms of the Zoning Ordinance
_____ A Special Use Permit
_____ A hearing on appeal from decision of the Zoning Officer

The subject property address: _____

The property is presently used for: _____

The proposed use of the property is: _____

In the case of
REZONING

Describe any changes that have taken place in the area to indicate a change in zoning is justified.

Describe any error that may have occurred in zoning.

In the case of
VARIANCE

Describe the unusual conditions of the property pertaining to size, location, shape, topography that justify the variance.

In the case of
SPECIAL USE
PERMIT

Give the section number of the Zoning Ordinance that refers to the Special Use for which you are applying.

In the case of
APPEAL

Describe the decision for which appeal is taken.

I hereby certify that I am the owner, or legal agent of the owner, in fee simple of the above described property.

SIGNED: _____

WITNESS: _____

DATE: _____

DATE: _____

APPLICATION FEE: \$100.00