



# City of Senatobia

MISSISSIPPI

## Application for Rezoning

To: City of Senatobia  
Planning Commission  
Mayor and Board of Aldermen

As owner, agent or attorney (please specify) it is requested that the property located in Senatobia, Tate County, Mississippi, described as follows:

1. Location of property to be rezoned: \_\_\_\_\_

\_\_\_\_\_

2. Intended use of property to be rezoned: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Be rezoned from \_\_\_\_\_ District to \_\_\_\_\_ District.

*In accordance with State Statute, a change in zoning must be supported by clear and convincing evidence that: (PLEASE CHECK)*

(A) \_\_\_ There is a mistake in the original zoning

(B) \_\_\_ The character of the neighborhood has substantially changed and warrants the rezoning; *and* there is public need for rezoning property.

**Additionally, the rezoning request MUST address the following:**

- **How the proposal conforms to the Comprehensive Plan, or,**
- **Why the Comprehensive Plan did not anticipate the proposed change;**
- **What is proposed in detail;**
- **Why the existing zoning designation is not appropriate; and,**
- **How the proposed zoning is appropriate.**

**\*\*\*This application shall be accompanied by:**

1. **A plat drawn to scale of the property sought to be rezoned, 8 ½ x 11 inches in size, showing dimensions thereof and names of any streets, roads or alleys along a boundary of property.**
2. **A legal description by metes and bounds of the whole property sought to be rezoned.**

_____	_____
<b>Owner/Agent Name</b>	<b>Owner/Agent Signature</b>
_____	_____
<b>Address</b>	<b>Telephone #</b>

**OFFICE USE ONLY**

**Application Intake Staff** \_\_\_\_\_ **Date Rcvd** \_\_\_\_\_

**Review Fee** \_\_\_\_\_ **Cash** \_\_\_\_\_ **CC** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Receipt #** \_\_\_\_\_