



CITY OF COOLIDGE

REZONING APPLICATION

Case No _____

Date Filed _____

Filing Fee _____

Received by _____

Approved/Denied _____

OFFICE USE ONLY

◆ LOCATION OF PROPERTY:

Address: _____

Parcel Number: _____ Acreage: _____

Existing Zoning: _____ Requested Zoning: _____

General Plan land use designation: _____

◆ APPLICANT INFORMATION:

Applicant Name: _____ Phone number: _____

Applicant Address: _____

◆ OWNER INFORMATION:

Property Owner: _____ Phone number: _____
(If other than applicant)

Owner Address: _____

