



**3. Applicant Information:**

Name: <i>Include Contact Person If Applicable</i>		Phone
Street Address: <i>Use Complete Street Address, e.g. 101 North Main Street</i>	City, State Zip Code:	

**4. Proposed Use of Site:**

*Attach additional pages describing the proposed use of the property for which a new zoning classification is requested. Explain reasons why the applicant believes a zoning reclassification should be granted.*

**5. Certification**

I hereby certify that I am the owner of record of the named property, or that the proposed zoning reclassification is requested by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, I agree to allow members of the Albion Planning Commission and Planning Department staff to inspect the site as a part of the consideration of this request. Finally, should a zoning reclassification be granted, I shall apply for and receive all applicable permits before beginning any construction.

Signature of Applicant:	Phone	Date
Street Address: <i>Use Complete Street Address, e.g. 101 North Main Street</i>	City, State, Zip Code	

*For Planning Department Use Only*

**6. Evaluation and Determination**

**PUBLIC NOTICE**

<i>Public Notice in Newspaper</i>	<i>Letter to Nearby Properties</i>	<i>Public Hearing Date</i>
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**PUBLIC HEARING**

<i>Planning Commission Recommendation (In Favor, Opposed)</i>	<i>City Council <b>FIRST</b> Reading</i>	<i>City Council <b>SECOND</b> Reading</i>
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**PLANNING DEPARTMENT APPROVAL/DENY**

<i>Signature</i>		<i>Date</i>
<i>Notes</i>		<i>Stamp</i>

*Revised 02-10-10*