APPLICATION FOR ZONING **Z- _____ CZM _____**
CITY OF BIXBY **STR _____ ATLAS _____**
PD _____

GENERAL LOCATION _____
REQUESTED ZONING _____PROPOSED USE_____
RECORD OWNER _____PRESENT USE _____

LEGAL DESCRIPTION OF TRACT (ATTACHED PLAT OF SURVEY IF METES AND BOUNDS):

Does Record Owner consent to the filing of this application? ☐ YES ☐ NO

If Applicant is other than Owner, indicate interest: _____

Is subject tract located in 100 year floodplain? ☐ YES ☐ NO

BILL ADVERTISING CHARGES TO: _____
(NAME)
_____ _____
(ADDRESS) (CITY) (PHONE)

I do hereby certify that the information submitted herein is complete, true and accurate:
Signature: _____ Date: _____
Address: _____ Phone: _____

APPLICANT – DO NOT WRITE BELOW THIS LINE

P.H. Date _____ Date Received _____Received By_____
PRESENT ZONING _____RECEIPT NOS. _____
FEES: TYPE ZONING ACREAGE BASE FEE ADD. TOTAL
L M H MP _____ _____ _____ _____ _____

_____Sign(s) at $ _____each = $ _____Postage _____$ _____ Total Sign / postage $ _____

PC ACTION _____ CITY ACTION _____
_____ _____
PROVISIONS _____ PROVISIONS _____
DATE / VOTE_____ DATE / VOTE _____
STAFF REC. _____ ORD. NO. _____