



**CITY OF ALEXANDRIA**

8236 WEST MAIN STREET  
ALEXANDRIA, KY 41001  
(859) 635-4125  
FAX (859) 635-4127

**REZONING APPLICATION**

Hearing Date: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
Project Number: \_\_\_\_\_

**FEE: \$1,250.00** per plat or parcel to be subdivided from a parcel tract requiring approval for mortgage or conveyance purposes. Required fees shall be paid at the time of submittal of this application. All checks and money orders are payable o the **City of Alexandria P&Z.**

**LEGAL DESCRIPTION:**

Property Location: \_\_\_\_\_  
Current Zoning of \_\_\_\_\_ to \_\_\_\_\_ Acreage: \_\_\_\_\_  
Is Area Platted? \_\_\_\_\_ Name of Plat: \_\_\_\_\_  
Preliminary/Final Submitted? \_\_\_\_\_ Name of Plat: \_\_\_\_\_

**FEE OWNERS OF AREA TO BE REZONED:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Ph# \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Ph# \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Ph# \_\_\_\_\_

I/We, the undersigned, request a hearing before the Alexandria Planning and Zoning Commission in regard to the above described property. I/We hereby depose and say under penalties of perjury, that all the statements contained in or submitted with this application are true.

\_\_\_\_\_  
*Owner or Duly Authorized Legal Agent's Signature*

County of \_\_\_\_\_

State \_\_\_\_\_

Subscribed and sworn to here before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

My Commission expires \_\_\_\_\_ By: \_\_\_\_\_



Fee Amount Paid: \$ \_\_\_\_\_ on \_\_\_\_\_ Received by: \_\_\_\_\_

Approved: \_\_\_\_\_ Approved w/Conditions: \_\_\_\_\_ Not Approved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_