City of Lonoke 107 W 2nd St. Lonoke, AR 72086 PHONE: (501) 676 - 4300

REZONING GUIDE AND APPLICATION

APPLICATION CHECKLIST:

- 1. Completed application form.
- 2. Only the owners of the property in question may request the rezoning. If someone, other than the owner, will be handling the zoning process we will also need a letter, from the owner of said property, giving them authority to do so.
- 3. A recent surveyed **Plat to scale of the property** to be re-zoned and a **vicinity map.** The map or survey should show dimensioned property lines, the location of buildings, neighboring land uses, and adjacent property owners.
- 4. \$50 fee.
- 5. A legible typed legal description of property to be re-zoned.

PROCEDURE:

- 1. The Application should be filed at city hall. A completed application must be provided for the rezoning to be considered. See the application checklist above for a list of needed items to complete an application. No application will be accepted without payment-in-full of the \$50 rezoning application fee.
- 2. City staff will review the application and set a date for a public hearing. The public hearing is conducted to allow neighboring property to comment on the proposed rezoning.
- 3. Notice of the public hearing must be posted in the newspaper 15 days in advance of the public hearing. The applicant is responsible for covering the cost of the publication. The property owner must also post a sign on the property giving notice of the public hearing. A sign is available at city hall.
- 4. Within 30 days of the public hearing the Planning Commission (typically immediately following the public hearing) will make a finding to approve or deny the rezoning application. The finding will be based upon the consistency of the application with the Zoning Code and Land Use Plan. If approved, the application will be forwarded to the city council for approval by ordinance. Following approval by the city council, the rezoning will be completed.
- 5. If denied by the planning commission, the application may be appealed to the city council. If denied by the city council, the application may not be reheard for one year from the date of the denial by the city council.

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REZONING APPLICATION

Property Owner Name/Signature:						_
Spouse						
Name/Signature:						
Property Address:						
Reason for Rezoning:						
Legal Description:						
Evicting Zoning		D	aquastad Zan	ing.		
Existing Zoning: Requested Zoning:						
The undersigned property ow	ner designa	tes th	e following ag	gent or attorne	y to represent the	9
applicant at all hearings:	-			-		
Name	Address		City	State	Phone No.	
Property Owner Signature			Spouse Signature			
Property Owner Mailing Addr	ess C	City		State	Zip	
Phone:	_					