



# City of Casper Planning Division

## Zoning/Zone Change Application

### OWNER/PETITIONER'S INFORMATION:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I/WE, THE UNDERSIGNED, HEREBY PETITION THE CITY TO ZONE/REZONE THE FOLLOWING DESCRIBED REAL PROPERTY:

LEGAL DESCRIPTION: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
FROM EXISTING ZONING DISTRICT: \_\_\_\_\_  
TO PROPOSED ZONING DISTRICT: \_\_\_\_\_

UPON THE ZONING/REZONING OF THE ABOVE-DESCRIBED REAL PROPERTY, I (WE) PROPOSE TO USE THE PROPERTY FOR THE FOLLOWING PURPOSES (BRIEF STATEMENT OF FACTS AND JUSTIFICATION FOR REZONING):

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

The following owners' signatures signify that all information on the application is accurate and correct to the best of the owners' knowledge.

SIGNATURE OF PROPERTY OWNER: \_\_\_\_\_  
SIGNATURE OF PROPERTY OWNER: \_\_\_\_\_  
DATE: \_\_\_\_\_

### SUBMIT TO:

Community Development Department  
Planning Division  
200 N David, RM 203  
Casper, WY 82601  
Phone: 307-235-8241  
E-mail: ccollins@casperwy.gov

### A COMPLETE SUBMITTAL MUST INCLUDE:

- COMPLETED APPLICATION, INCLUDING ORIGINAL SIGNATURES OF ALL OWNERS
- PROOF OF OWNERSHIP
- \$750 APPLICATION FEE (NON-REFUNDABLE)

FOR OFFICE USE ONLY:  
DATE SUBMITTED:  
  
REC'D BY: \_\_\_\_\_