



**LANDOWNER/PETITIONER NAME:**

\_\_\_\_\_

**ADDRESS FOR CHANGE OF ZONING:**

The Petitioner named above respectfully requests the Board of Aldermen of the Town of Abita Springs to rezone the property-described below.

Address or Legal Description of Property to be Re-Zoned: \_\_\_\_\_

\_\_\_\_\_

**REQUESTED ZONING CHANGE:**

Current Zoning: \_\_\_\_\_

Request Zone Change to: \_\_\_\_\_

\_\_\_\_\_

**PROPERTY OWNERS IN SUPPORT OF ZONE CHANGE:**

***1st Property Owner***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

***2nd Property Owner***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_