



CITY OF SEARCY

REQUEST FOR PLANNING COMMISSION ACTION

Date: _____

Property Owner(s) Name: _____

Address of Property: _____

Phone Number: _____ Email: _____

Mailing Address: _____

**IF YOU ARE NOT THE PROPERTY OWNER,
PLEASE HAVE THE OWNER COMPLETE THIS SECTION OF THE APPLICATION.**

I am the property owner and hereby appoint _____
to act as my legal agent in pursuing the requested action.

Owner's Signature

Date

Applicant(s) Name: _____

Phone Number: _____ Email: _____

Mailing Address: _____

ACTION REQUESTED

RE-ZONE

FROM: _____ **TO:** _____

PLAT REVIEW

TYPE: _____

CONDITIONAL USE PERMIT

OTHER (PLEASE SPECIFY)

I have received a copy of the application packet and understand that all the items and number of copies required on the submittal checklist, along with the appropriate fee, must be submitted to the Planning office no later than the close of business on _____. I further understand that if the information required is not submitted on time, the case will not be placed on the Planning Commission agenda, that some of the requirements are mandated by State Law and cannot be altered, and that the Planning Commission will not grant waivers to the adopted procedure.

Printed Name

Signature

Initials & Date Accepted by Planning Dept. _____
