Application No. _____

PETITION FOR ZONING AMENDMENT

City of Deadwood
Dept. of Planning and Zoning
108 Sherman Street
Deadwood, SD 57732

Tel.: (605) 578-2082 Fax.: (605) 578-2084
E-mail: bobjr@cityofdeadwood.com

Name of Petitioner: _____ Address: _____
Street

_____
City

_____
State Zip

(_____) _____-_____
Telephone + area code

Legal Description of Property: _____

_____

Description of Request: _____

_____

Present Zoning Classification: _____ Requested Zoning Classification: _____

Existing Use of Property: _____

Fee: $_____ paid on ____/____/____ - receipt number _____

Signature of Applicant: _____ Date: ____/____/____

Signature of Property Owner: _____ Date: ____/____/____

Legal Notice Published - Date: ____/____/____ Hearing Date: ____/____/____

PLANNING AND ZONING COMMISSION:			
Approved/P&Z Commission:	YES	NO	Date: ____/____/____
	Circle one:		
CITY COMMISSION:			
Approved/City Commission:	YES	NO	Date: ____/____/____
	Circle one:		

Reason for Denial (if necessary): _____

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