



REZONING APPLICATION

City of Tupelo | Department of Development Services

Mail: P O Box 1485, Tupelo, MS 38802-1485

Phone: (662) 841-6510 Fax: (662) 841-6550

Email: permits@tupeloms.gov

MUNIS _____

Received By: _____

Date Received: _____

(for office use only)

Permit Fee: \$200 (Non-refundable)

PROPERTY INFORMATION

PROJECT LOCATION:

(ADDRESS & PARCEL # REQUIRED): _____ / _____

ACRES TO BE REZONED: _____ REZONING DISTRICT: _____

PROPOSED USE: _____ OVERLAY DISTRICT: YES ___ NO ___ (IF YES, OVERLAY APPLICATION IS REQUIRED)

CONTACT INFORMATION

OWNER CONTACT INFORMATION:

Owner Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

APPLICANT CONTACT INFORMATION (if different than owner):

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s) _____

ENGINEER/CONSULTANT CONTACT INFORMATION:

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s) _____

REQUIRED ATTACHMENTS (all required attachments must be submitted BEFORE the Planning Committee Meeting)

1. Recorded deed; if owner and applicant are not the same, current lease and owner permission _____
2. Plat of the property sought to be rezoned, 82 X 112 inches in size, to scale showing dimensions thereof and width of any streets contiguous thereto. _____
3. Legal description of area to be rezoned must be provided in Microsoft Word format via email _____
4. Geo-Referenced AutoCAD .dwg file of parcel surveys _____

PLEASE SEE REVERSE SIDE

1. The Planning Committee shall consider each proposed amendment and shall make recommendations to the City Council regarding whether to approve or deny each proposed amendment. The recommendation shall be based on the following criteria:
 - a. Conformance with the Comprehensive Plan;
 - b. Otherwise, that changes have occurred in the area since the Plan and Zoning Ordinance were adopted which warrants the requested zone;
 - c. City utilities and sewer can accommodate the uses allowable in the requested zone;
 - d. The allowable uses in the requested zone will not adversely affect the character of the area and result in a decrease of property values;
 - e. There is a need for additional land within the City to be zoned the classification which is requested.

**The burden of the proof shall be on the applicant to prove these criteria are satisfied.*

2. Submit application no later than four (4) weeks prior to the next meeting of the Planning Committee which is held on the first Monday of each month.
3. Applicant must be represented at the meeting which is held at 6:00 PM in the City Hall Council Chambers located on the second floor at 71 East Troy Street.

I hereby certify the above information is true and correct and completed in accordance with the Tupelo Development Code. I understand that if I or my representative does not attend the meeting, the application could be tabled or denied. I understand that if I am not the property owner, written, notarized permission from the property owner must be submitted to the Planning Committee or the application could be tabled or denied.

Applicant Signature: _____ **Date:** _____