

MAYOR
Clay Burns

CITY CLERK
Karen Jackson



City of Richland
380 Scarbrough Street P. O. Box 180609
Richland, MS 39218
601-932-3000

ALDERMEN
Gus Black
John Hamilton
Matthew Quick
Beth Sanford
A. J. Shields

Application for Amendment (rezoning)

- 1) Application fee: **\$251.00** (non-refundable)(cost plus)
- 2) Applications shall be in writing and contain the following:
 - a. Legal description of the property as described on warranty deed
 - b. Names of owners
 - c. Present and proposed classification of property
 - d. Specific use to which property is to be put if zoning change is made
 - e. Date when anticipated use is to be put into effect
 - f. Plat of property showing general location
- 3) Applications shall be signed by the owners or their attorney and the original and 3 copies filed with the City of Richland's Zoning Administrator.

Refer to City's Zoning Ordinance for further information.

Name(s) of
applicant _____

Address for rezoning
request _____

Phone
number(s) _____