

REZONING APPLICATION

City of Starkville

110 West Main Street

Starkville, MS 39759

Ph:662.323.2525

Email: buildingdept@cityofstarkville.org



APPLICANT'S INFORMATION

Name: _____ Phone: _____

Company Name: _____

Name: _____

Email: _____

Address: _____

PROPERTY OWNER'S INFORMATION (IF NOT APPLICANT)

Name: _____ Phone: _____

Email: _____

Address: _____

PROPERTY INFORMATION

Property Address: _____

Parcel Number: _____ Current Zone District: _____

PROJECT INFORMATION

Reason for Amendment: Error Change in Conditions

- Proposed Use:
- Residential
 - Institutional
 - Commercial
 - Industrial
 - Mixed Use
 - Other

Applicant's
Signature: _____
Date: _____

Property Owner's
Signature: _____
Date: _____ (required if not applicant)