



CITY OF SAND SPRINGS

SSZ _____

STR _____

**REZONING
APPLICATION**

Present Zoning _____ **Requested Zoning** _____

Present Use _____ **Requested Use** _____

Legal Description of Property to be Rezoned:
(If unplatted metes & bounds, attach plat of survey.)

Tract Acreage: _____

General Location/Address: _____

The Applicant is: (1) Owner (2) Purchaser (3) Lessee (4) Agent

Are there any restrictions controlling the use of the tract, either private restrictions or deed restrictions? _____

"I do hereby certify that the information herein submitted is complete, true and accurate."

Signed: _____ **Phone:** _____

Address: _____ **Email:** _____

******* APPLICANT...DO NOT WRITE BELOW THIS LINE *******

Application Received On: _____ **By:** _____

Planning Commission Hearing Date: _____

PLANNING COMMISSION RECOMMENDATION: _____ **VOTE:** _____
Conditions? _____

City Council Hearing Date: _____

CITY COUNCIL ACTION: _____ **VOTE:** _____

ORDINANCE NO. _____