

TOWN OF MONTAGUE
APPLICATION FOR REZONING

1. LOCATION OF THE LAND:

HIGHWAY ROUTE NUMBER OR STREET NAME: _____

PROPERTY IDENTIFICATION NUMBER: _____

2. ZONE CHANGE REQUESTED FROM _____

TO: _____

3. INTENDED USE OF THE PROPERTY: _____

4. PRESENT OWNER OF LAND:

NAME: _____

ADDRESS: _____ POSTAL CODE: _____

TELEPHONE: RESIDENCE: _____ BUSINESS: _____

5. CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE ADDRESSED TO:

NAME: _____

ADDRESS: _____ POSTAL CODE: _____

TELEPHONE: RESIDENCE: _____ BUSINESS: _____

OWNER'S SIGNATURE

DATE

APPLICANTS PLEASE REFER TO BACK OF THIS FORM FOR INFORMATION ON THE REZONING PROCESS

For Office Use Only:

Date Received: _____

Advertising Fee Attached: _____