Community Development
Department
EnidCD@enid.org
580-616-7214
PO Box 1768, 401 West Garriott
Enid OK 73702

Rezoning Application

APPLICANT RESPONSIBILITIES: Complete steps 1 through 6.

☐ 1. Application for rezoning is due to the Community Development Department four (4) weeks prior to a Planning Commission meeting. For Planning Commission meeting dates visit www.enid.org.

☐ 2. Legal Property Owner's Name:_____

3. Address or location and legal description of property:

_____

(State full legal description, including Section, Township and Range – attach additional pages if necessary)

☐ 4. Rezone the above described property from _____ District to _____ District.

☐ 5. If a rezoning is granted the property will be used as follows: _____

_____

☐ 6. Provide a property ownership list (names and addresses of all property owners lying within three hundred (300) feet of the exterior boundary of subject property) certified by a licensed and bonded abstracting company, a licensed and bonded title insurance company or a licensed Oklahoma attorney who practices title work.

7. $150.00 filing fee.

☐ 8. Architect or Engineer, if applicable: _____

Contact Person: _____

Email address: _____ Phone: _____

DATED this _____ day of _____, 20____.

_____ _____
(Signature) (Printed Name)

_____ _____
(Mailing Address) (email)

_____ _____
(Telephone number) (Fax Number)