

**CITY OF BERLIN
REQUEST FOR ZONING CHANGE**

I/We _____ of _____
(name) (mailing address)

hereby request the Plan Commission to recommend to the Common Council of the City of Berlin the approval of a change to the Zoning Code/Zoning Map of the City of Berlin pursuant to Chapter 82 the Municipal Code.

Rezone from _____ to _____
(District Classification) (District Classification)

Legal Description:

Reason for request:

Lot Size _____

Present Improvements (Structures etc.) on Lot:

Adjacent Property Zoning (N) _____ (S) _____ (E) _____ (W) _____

Such proposed zoning change would be compatible with the character of the neighborhood because:

Date Filed Signature

Email:
Phone Number:

Rezoning Fee \$300.00 - Fee must accompany this appeal payable to the City of Berlin

FOR OFFICE USE ONLY
Meeting advertised _____ Date of Commission Meeting _____
Commission Recommendation Approve / Deny

Special Conditions:

Council Decision Approve / Deny Date _____

Special Conditions:
