



Zoning Division

Land Evaluation & Site
Assessment Request

Date: _____ Received by: _____ Case #: _____

Applicant: _____

Applicant mailing address: _____

Applicant phone: _____ E-mail: _____

Property owner: _____

Property address (if any): _____

Current zoning: _____ Proposed zoning: _____

Land use map designation: _____

GPN(s): _____

Reason for Request: _____

****FOR OFFICE USE ONLY****

MLS Requirements:

1. Is Property within ¼ Mile of a Hard Surfaced Road?

_____ Yes _____ No Distance & Road Name: _____

2. Is Property over 2500 feet from a Confined Animal Feeding Operation?

_____ Yes _____ No If yes, location and distance of site: _____

3. Proximity to a Fire Station- Distance and fire station location: _____

***USA – Within 2 ½ Miles** Meets requirement? _____ Yes _____ No

***AA, RRDA or CNR – Within 5 miles** Meets requirement? _____ Yes _____ No

Additional Information:

4. Does Property have on site Ag Production? _____ Yes _____ No _____ %

5. Does Property have Contiguous Like Zoning? _____ Yes _____ No _____ ft.

6. Does Property contain T&E Species, Historical Significance, UNA, or CRA? _____ Yes _____ No