



APPLICATION FOR ANNEXATION

Date of Application: _____

Name of property owner(s): _____

Physical address of property to be annexed: _____

Map attached: YES ____ NO ____ (Utilities to be shown)

AT TIME OF APPLICATION FOR ANNEXATION

County zoning of property: _____

Corresponding city zoning: _____

Proposed city zoning district: _____

Present use of property: _____

Number of living units on property: _____

Number of people living on property: _____

Intended use of property: _____

Signature of property owner or authorized agent

Mailing address
