



# CITY OF ELKO PLANNING DEPARTMENT

1751 College Avenue \* Elko \* Nevada \* 89801

(775) 777-7160 phone \* (775) 777-7219 fax

## APPLICATION FOR ZONE CHANGE

**APPLICANT(s):** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**PHONE NO (Home)** \_\_\_\_\_ **(Business)** \_\_\_\_\_  
**NAME OF PROPERTY OWNER (If different):** \_\_\_\_\_  
*(Property owner's consent in writing must be provided.)*  
**MAILING ADDRESS:** \_\_\_\_\_  
**LEGAL DESCRIPTION AND LOCATION OF PROPERTY INVOLVED (Attach if necessary):**  
**ASSESSOR'S PARCEL NO.:** \_\_\_\_\_ **Address** \_\_\_\_\_  
**Lot(s), Block(s), &Subdivision** \_\_\_\_\_  
**Or Parcel(s) & File No.** \_\_\_\_\_

### FILING REQUIREMENTS:

**Complete Application Form:** In order to begin processing the application, an application form must be complete and signed. *Complete* applications are due at least 21 days prior to the next scheduled meeting of the Elko City Planning Commission (meetings are the 1<sup>st</sup> Tuesday of every month).

**Fee:** A \$500.00 non-refundable filing fee.

**Area Map:** A map of the area proposed for this zone change must be provided.

**Plot Plan:** A plot plan provided by a properly licensed surveyor depicting the existing condition drawn to scale showing property lines, existing and proposed buildings, building setbacks, distances between buildings, parking and loading areas, driveways and other pertinent information must be provided.

**Legal Description:** A complete legal description of the boundary of the proposed zone change must be provided as well as a map depicting the area to be changed stating the wording: area to be changed from "x" to "x"; (LI to R, for example).

**Note:** One .pdf of the entire application must be submitted as well as one set of legible, reproducible plans 8 ½" x 11" in size. If the applicant feels the Commission needs to see 24" x 36" plans, 10 sets of pre-folded plans must be submitted.

**Other Information:** The applicant is encouraged to submit other information and documentation to support this Rezone Application.

1. Identify the existing zoning classification of the property: \_\_\_\_\_  
\_\_\_\_\_
2. Identify the zoning Classification being proposed/requested: \_\_\_\_\_  
\_\_\_\_\_
3. Explain in detail the type and nature of the use anticipated on the property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Explain how the proposed zoning classification relates with other zoning classifications in the area: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Identify any unique physical features or characteristics associated with the property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Use additional pages if necessary to address questions 3 through 5)**

**By My Signature below:**

I consent to having the City of Elko Staff enter on my property for the sole purpose of inspection of said property as part of this application process.

I object to having the City of Elko Staff enter onto my property as a part of their review of this application. (Your objection will not affect the recommendation made by the staff or the final determination made by the City Planning Commission or the City Council.)

I acknowledge that submission of this application does not imply approval of this request by the City Planning Department, the City Planning Commission and the City Council, nor does it in and of itself guarantee issuance of any other required permits and/or licenses.

I acknowledge that this application may be tabled until a later meeting if either I or my designated representative or agent is not present at the meeting for which this application is scheduled.

I have carefully read and completed all questions contained within this application to the best of my ability.

**Applicant / Agent** \_\_\_\_\_  
(Please print or type)

**Mailing Address** \_\_\_\_\_  
Street Address or P.O. Box  
\_\_\_\_\_  
City, State, Zip Code

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

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**FOR OFFICE USE ONLY**

**File No.:** \_\_\_\_\_ **Date Filed:** \_\_\_\_\_ **Fee Paid:** \_\_\_\_\_

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