



City of Pauls Valley, Oklahoma

REZONING APPLICATION

Name of Property Owner _____

Address of Owner _____

Address of Property _____

Legal Description _____

Zoning Change From _____ To _____

Purpose of Change _____

****Additional Information (IF NEEDED) write on back****

Applicant's Signature _____

Mailing Address _____ Phone _____

*****OFFICIAL USE ONLY*****

Hearing Date _____

RECOMMENDATION OF ZONING COMMISSION

Approve _____ Disapprove _____ Signed by: _____
Chairman

ACTION BY CITY COUNCIL

Approved _____ Disapprove _____

Remarks: _____

Date of Action: _____ Signed by: _____
Mayor