

Instructions and General Information for Filing Zoning Applications

All requests, with supporting documents, must be filed with the Zoning Office by the filing deadline (see attached schedule) in order to be heard by the Board of Mayor and Aldermen. A meeting with a representative of the Zoning Office is highly recommended prior to filing an application.

Checklist for Completed Application Package:

1. Application (Completed, signed and notarized)
2. Statement of Intent (A letter explaining your request)
3. Any prepared statement that will be given at the public hearing, and all evidence that is to be presented at the public hearing
4. Location Map
5. Copy of tax map showing property being considered for zoning action, and property within 160 feet of such property
6. List of property owners within 160 feet of property being considered for zoning action, and certified mail receipt showing appropriate notice of the public hearing
7. Copy of Notification of Hearing Letter to be published
8. Application Fee (\$50.00)

*******Application Fees Are Not Refundable*******

For more information, contact the Zoning Office at:

Mobile: (662) 590-6108
Office: (662)746-3211
Fax: (662) 746-6506



CITY OF YAZOO CITY
ZONING ACTION APPLICATION
P. O. Box 689 • 128 EAST JEFFERSON STREET
YAZOO CITY, MISSISSIPPI 39194
PHONE: (662) 746-3211 • FAX (662) 746-6506

REQUEST FOR:

___ **REZONING** (Rezoning No. _____) ___ **SPECIAL EXCEPTION** ___ **VARIANCE**

PROPERTY ADDRESS/LOCATION:

CURRENT ZONING: _____

PROPOSED ZONING: _____
(If any)

CURRENT USE OF PROPERTY: _____

PROPOSED USE OF
PROPERTY: _____

LEGAL DESCRIPTION AND PLOT OF PROPERTY (ATTACH A SEPARATE SHEET, IF
NECESSARY):

TAX PARCEL NUMBER(S):

(If application)

APPLICANT(S) INFORMATION:

NAME: _____

MAILING ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PROPERTY OWNER(S) INFORMATION (IF DIFFERENT FROM APPLICANT):

NAME: _____

MAILING ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____



Instructions for Notification: Sent at Applicant's Expense via Certified Mail w/Return Receipt, far in advance for City to publish a notice in newspaper to all interested persons one time at least fifteen (15) days prior to date fixed for said hearing.

APPLICANT'S NOTIFICATION FORM LETTER

DATE: _____

ADDRESSEE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

SUBJECT: Please be advised that _____ has filed a Zoning Application with the City of Yazoo City

REQUEST FOR: REZONING _____ SPECIAL EXCEPTION _____ VARIANCE _____

For property located at: _____

The property is currently used as: _____

The proposed use of the property is: _____

The City of Yazoo City Zoning Commission will conduct a public hearing on this application on:
(Note to applicant: Hearings are held the first Monday of each month – except when a holiday – will be held on the first Tuesday; i.e. Labor Day).

Date: _____ at 4:00 pm at 305 Mike Espy Dr., Police Department Courtroom

As a property owner within 160 feet of the subject property, you have the right to be present at the hearing and to make a statement concerning the proposed action. Additional information about this proposed Zoning Action case may be obtained by contacting Code Enforcement Officer, Russ Carter, at 662-590-6108.

APPLICANT(S) SIGNATURE: _____

PRINTED NAME: _____

Attachment
(Addressee's Property Tax Record)

ATTORNEY/REPRESENTATIVE INFORMATION:

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

IT IS UNDERSTOOD AND AGREED BY THE APPLICANT THAT PERMISSION IS HEREBY GRANTED TO THE CITY, ITS REPRESENTATIVES, AND OTHER RELEVANT AGENCIES FOR ACCESS TO SAID PROPERTY FOR INSPECTION, INVESTIGATIONS, AND EVALUATIONS FOR THE PURPOSE OF PREPARING STAFF REPORTS.

The above information is true, correct, and complete to the best of my knowledge.

SIGNATURE(S)

APPLICANT(S)

**PROPERTY OWNER(S)
(IF DIFFERENT FROM APPLICANT)**

STATE OF _____

COUNTY OF _____

Personally came and appeared before me, the undersigned authority in and for the said county and state, on the _____ day of _____, 20____, within my jurisdiction, the above named party(ies), who acknowledged that he/she executed the above and foregoing instrument as his/her voluntary act and deed and is authorized to do so.

NOTARY PUBLIC

My Commission Expires: