

Hearing Date _____
Hearing Time _____

APPENDIX - J

PETITION FOR REZONING

FEE: \$50.00

SPINK COUNTY
STATE OF SOUTH DAKOTA

DATE _____
RECEIPT NO. _____
BP # _____

TO: Spink County Planning and Zoning Board and Board of Commissioners

_____ (name) is requesting a change in Zoning
from the Spink County Zoning Ordinances for the listed property (legal description)

from _____ to _____

Reason for rezoning _____

******I hereby acknowledge that it is my responsibility to notify all abutting landowners by certified mail at least one (1) week prior to the Public Hearing, and that I will provide proof of such notification to Spink County Zoning Administrator no later than seven (7) days prior to Public Meeting.***

******No work may be started or completed without the approval of this Rezoning by the Spink County Planning and Zoning Board. Violation of this condition is punishable under Title 17.23. Violation thereof shall be a misdemeanor and may be punishable by a fine of up to \$200 for each and every day that the violator fails to comply.***

Owner's Signature _____

~~~~~OFFICE USE ONLY~~~~~

Inspection Report _____

_____ Date _____ Inspected by _____

Planning Commission Recommendation _____

_____ Date _____

County Commission Action _____

_____ Date _____

Effective Date _____ (In accordance with #7 on Appendix P)