

Hearing Date \_\_\_\_\_  
Hearing Time \_\_\_\_\_

**APPENDIX - J**  
**PETITION FOR REZONING**

**FEE: \$100.00**

SPINK COUNTY  
STATE OF SOUTH DAKOTA

DATE \_\_\_\_\_  
RECEIPT NO. \_\_\_\_\_  
BP # \_\_\_\_\_

PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

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)