



TOWN OF CASHION

P.O. Box 27, 102 S. Main
Cashion, Oklahoma 73016

Office (405) 433-2243
Fax (405) 433-2685

APPLICATION FOR REZONING

APPLICANT RESPONSIBILITIES: Complete steps 1 through 6 with appropriate attachments.

1. Address or location and legal description of property: _____

(State full legal description, including Section, Township and Range – attach additional pages if necessary)

2. Rezone the above described property from _____ to _____ .

3. If a rezoning is granted the property will be used as follows: _____

4. Provide a property ownership list (names and addresses of all property owners lying within three hundred (300) feet of the exterior boundary of subject property) certified by a licensed and bonded abstracting company, a licensed and bonded title insurance company or a licensed Oklahoma attorney who practices title work.

5. \$ 150 filing fee. (Costs of time, posting, mailing)

6. Architect or Engineer, if applicable: _____

Contact Person: _____

Email address: _____ Phone: _____

DATED this _____ day of _____, 20_____.

(Signature)

(Printed Name)

(Mailing Address)

(email)

(Telephone number)

(Fax Number)