



CITY of MOORE

301 North Broadway
Moore, Oklahoma 73160-5130
Phone (405) 793-5000 • FAX (405) 799-1825

Effective November 1, 2009

State House Bill 1424 requires any of the following applications to notify property owners within ¼ mile (1320') of the subject property.

- Treatment Facilities
- **Multifamily Facilities**
- Transitional Living Facilities
- Halfway Houses
- Drug and/or Alcohol Detox Facilities

You will need to turn in an ownership list of all property owners within ¼ mile (1320') with your application.

Absolutely NO late applications will be accepted-Absolutely NO exceptions! You are encouraged to turn your application in early, especially if there is a long notification list.

There will be a surcharge of \$200 applied on top of the normal application fee to cover additional postage and materials.



REZONING APPLICATION

App #: _____
 Filing Fee \$ _____

APPLICANT INFORMATION

Name	Address	Phone Number 1
City	State	Zip Code
		Phone Number 2

Deed Attached (required). If applicant is not owner listed on deed, owner consent must be included.

PROPERTY LOCATION

<input type="checkbox"/> Platted	Subdivision	Lot	Block
<input type="checkbox"/> Unplatted			
Property Address			

REZONING INFORMATION

From	To	Moore Plan 21 Land Use Designation: Comprehensive Plan Amendment required? If yes, Comprehensive Plan Amendment Application must be filed concurrently.	
Present Use		Proposed Use	
Parcel Width	Parcel Length	Acres	Street/Road Frontage
<input type="checkbox"/> City Water	If City Water will be extended or improvements will be made, please explain:		
<input type="checkbox"/> City Sewer	If City Sewer will be extended or improvements will be made, please explain:		
<input type="checkbox"/> Private Water	<input type="checkbox"/> Private Sewer		
Explain in your own words why your property should be rezoned.			

OFFICE USE ONLY

Date Filed	Date Payment Rec'd	PC Date	CC Date	Ordinance Number
Initial:	Initial:			
Proof of Publication Rec'd		Property Posting Verified		Comments:
Date:	Initial:	Date:	Initial:	
Staff Recommendation <input type="checkbox"/> Approve <input type="checkbox"/> Deny	PC Recommendation <input type="checkbox"/> Approve <input type="checkbox"/> Deny Date:	City Council Action <input type="checkbox"/> Approve <input type="checkbox"/> Deny Date:		



REZONING APPLICATION

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