

City of Oxford Planning Commission
 Recommendation to City Council
 For
PROPOSED PRE-ZONING/REZONING

Planning Commission Recommendation:

- () Recommend to approve
 () Recommend to not approve

Planning Commission Chairman: _____

PROPERTY OWNERS:	
PROPERTY OWNERS SIGNATURE:	
PROPERTY OWNERS MAILING ADDRESS:	
PROPERTY OWNERS PHONE NUMBER:	
PROPERTY OWNERS EMAIL:	
APPLICANT:	
APPLICANT MAILING ADDRESS:	
APPLICANTS PHONE NUMBER:	
APPLICANTS EMAIL:	
ADDRESS OF SUBJECT PROPERTY:	
BRIEF DESCRIPTION OF SUBJECT PROPERTY:	
CURRENT ZONING, IF ANY:	
PROPOSED ZONING:	
PURPOSE FOR PRE-ZONING/REZONING:	
PLANNING COMMISSION HEARING DATE(S):	
ATTESTED BY ZONING OFFICIAL:	

NOTE: Attach copies of the following to this form:

1. Copy of property legal description
2. Plat of subject property