

**TOWN OF PUCKETT, MISSISSIPPI
APPLICATION FOR ZONING ACTION**

TYPE OF ZONING ACTION REQUESTED (Check one or more of the following choices):

- SPECIAL EXCEPTION (CONDITIONAL USE)
- DIMENSIONAL VARIANCE
- AMENDMENT
- REZONING FROM _____ TO _____
- ADMINISTRATIVE REVIEW

Name of Applicant: _____ Telephone: _____

Address of Applicant: _____ Zip Code: _____

Name of Property Owner: _____ Telephone: _____

Property Address: _____

Name of Attorney or Representative: _____

Legal Description of Property: _____

DOES THE PROPERTY HAVE RESTRICTIVE COVENANTS? YES NO
(If YES, please attach a true copy of the restrictive covenants)

HAS ANY ZONING ACTION REQUEST FOR THIS PROPERTY EVER BEEN MADE
BEFORE? YES NO
(If YES, please attach a true copy of all decisions of the Planning Commission and the Board of
Aldermen)

PLANNED USE OF PROPERTY: _____
(Attach plans showing property boundaries, relation to streets, ingress and egress to the facilities
and off-street parking)