



DEPARTMENT OF PUBLIC WORKS

Real Property Services Annexation Application Petition Form

PROJECT NAME:		PROJECT LOCATION:	
ASSESSOR PARCEL NUMBER(S):			
Existing Zoning:	Comprehensive Plan Land Use:	Gross Acres:	
Section:	Township:	Range:	
Gross Acres:	Current Zone:	Proposed Zone / Land Use:	
Intent of this Request:			
Related Application:			

Owner	Name:	Phone ()	
	Address:		
	City:	State:	Zip:
Applicant	Name:	Phone ()	
	Address:		
	City:	State:	Zip:
Contact	Name:	Phone ()	
	Address:	E-mail address:	
	City:	State:	Zip:

<p>SIGNATURE OF OWNER(S) WITH ACCEPTABLE AFFIDAVIT</p> <p>Signature: _____</p> <p>Print Name: _____</p> <p>Subscribed and sworn before me this _____ day of _____, 20_____.</p> <p>_____ Notary Public</p>	<p>FOR DEPARTMENT USE ONLY</p> <p>Annexation No. _____</p> <p>Ordinance No. _____</p> <p>Date Accepted _____</p> <p>Accepted by _____</p>
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Where multiple ownership, submit notarized signatures of each owner and appropriate Power of Attorney