

City of Collinsville

P.O. Box 730 ■ Collinsville OK 74021 ■ (918) 371-1010 ■ Fax (918) 371-1019

www.cityofcollinsville.com

CASE NUMBER _____
STR _____
COUNTY _____

Zoning Application

General Location: _____

Requested Zoning: _____ Proposed Use: _____

Present Zoning: _____ Present Use: _____

Legal Description of Tract (attach plat of survey it meets and bounds) : _____

Size of Tract: _____

Is the subject property in a Flood Hazard Area? Yes _____ No _____

Record Owner of Property: _____

Do private or deed restrictions affect the use of this property? _____

If so, describe such restrictions: _____

I hereby certify that the information herein submitted is complete, true and accurate

Applicant: _____ Owner: _____
(if different than applicant owner must sign)

Address: _____ Address: _____

Phone: _____ Phone: _____

Application received by: _____ Receipt # _____

Date received: _____