

## APPLICATION FOR REZONING TO THE CITY OF SMYRNA

*Type or Print Clearly*

(To be completed by City)

Ward: \_\_\_\_\_

Application No: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_

Name: \_\_\_\_\_

(Representative's name, printed)

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Signature of Representative: \_\_\_\_\_

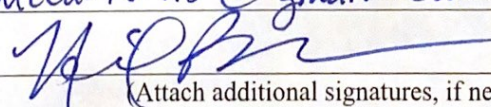
### **TITLEHOLDER**

Name: Walker Street Manor HOA - Neil B. McCarter, President  
(Titleholder's name, printed)

Address: 1465 Walker Ct., Smyrna

Business Phone: \_\_\_\_\_ Cell Phone: 404-668-2812 Home Phone: \_\_\_\_\_

E-mail Address: mccarternb@gmail.com

Signature of Titleholder:   
(Attach additional signatures, if needed)

(To be completed by City)

Received: \_\_\_\_\_

Heard by P&Z Board: \_\_\_\_\_

P&Z Recommendation: \_\_\_\_\_

Advertised: \_\_\_\_\_

Posted: \_\_\_\_\_

Approved/Denied: \_\_\_\_\_