



**City of Harrisburg
Planning Services**

301 E Willow St. Harrisburg, SD 57032
Phone: 743-5872 x12 Fax: 743-2831

**ZONING
AMENDMENT
APPLICATION**

Applicant name: _____ Date: _____

Applicant mailing address: _____

Applicant e-mail address: _____ Phone: _____

Legal description of the property: _____

Current address of the property: _____

Current zoning of the property: _____

Proposed zoning of the property: _____

Reason for zoning change request: _____

This Application form must be accompanied by:

- A non-refundable Zoning Amendment Application Fee of \$300.00.
- Additional information, such as a site plan, may be requested.

A sign posted by the City must be prominently displayed on the property during the period between the acceptance of the Application and the public hearing by the City Council.

I hereby certify that the information I have provided is accurate and correct.

Applicant's signature

You may e-mail completed & signed form to michael.mcmahon@harrisburgsd.gov

FOR CITY USE ONLY

Date received: _____ Case # _____ Date sign posted: _____

Date of Planning Commission public hearing publication: _____

The public hearing will be held by the Planning Commission on _____ at _____ p.m.

Date of City Council public hearing publication: _____

The public hearing will be held by the City Council on _____ at _____ p.m.