



Zoning Amendment Application

Application Date: _____

Property Address: _____

Legal Description: _____

Property size (acres): _____

Current Zoning District: _____

Proposed Zoning District: _____

Purpose/Reason for zoning change request: _____

Planning and Zoning
301 E. Willow Street
Harrisburg, SD 57032
buildingservices@harrisburgsd.gov

Applicant Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Applicant Signature _____ Date _____

Property Owner: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

I/we hereby petition to change the zoning classification of the property.

Legal Description: _____

Property Owner Signature _____ Date _____

Please submit completed application, detailed plans, and non-refundable fee payment to:
City Hall, 301 E. Willow Street, Harrisburg, SD 57032