
CITY OF LYONS

ZONING CHANGE REQUEST

DATE: _____

LOCATION: _____

PRESENT ZONING: _____

CHANGE OF ZONING TO: _____

FOR PURPOSE OF: _____

USE REGULATIONS: _____

NAME OF BUSINESS: _____

ADDRESS: _____

PHONE # _____

SALES TAX # _____

I CERTIFY I AM THE LEGAL OWNER OF THE ABOVE PROPERTY.

SIGNATURE: _____