



Commonwealth of the Northern Mariana Islands  
 Zoning Office, Caller Box 10007, Saipan, MP 96950  
 Tel. 670-234-9661, E-mail: staff@zoning.gov.mp

## Application for Rezone

File Number	Received By
Date Received	Date Entered into System:

<b>1. Property Information</b>	
Lot Number(s):	
Current Zoning District:	Proposed Zoning District:
Village:	Total square meters of rezone area:
<b>2. Applicant</b>	
Name:	Phone:
Company:	Fax:
E-mail:	Website:
Mailing Address:	
<b>3. Contact person or Agent (if different):</b>	
E-mail:	Phone:
Mailing Address:	
<b>4. Lessee (if not applicant):</b>	
E-mail:	Phone:
Mailing Address:	
<b>6. Property owner (if not applicant):</b>	
E-mail:	Phone:
Mailing Address:	
<b>7. Applicant is (check all that are appropriate)</b>	
Property Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Other (describe) _____	
<b>8. Describe the location of your property or provide a street address:</b>	

<p>9. If your proposed rezone boundaries do not follow the boundaries of existing recorded lots, provide a full legal description of the proposed boundaries (attach additional pages, if necessary):</p>
<p>10. What type of development or use is your proposal intended to allow? (such as construction of an office building, operation of a car rental business):</p>
<p>11. Is your proposed use of land significantly different from existing adjacent land uses? Please explain (attach separate page, if necessary):</p>
<p>12. Is your property not usable as presently zoned? Please explain (attach separate page, if necessary):</p>
<p>13. How would the proposed zone change be in the interests of the applicant, surrounding properties, and the general public? (attach separate page, if necessary)</p>
<p>15. Please attach the following:</p> <ul style="list-style-type: none"><li>A. Typed mailing labels of for the property owners within 300 feet of your property boundary and, if you are not the owner, for your property.</li><li>B. Proof of ownership or lease of the property.</li></ul>

**DECLARATION**

1. (Optional) I designate \_\_\_\_\_ to officially communicate with you with respect to this application.
2. I (We) consent to the entry in or upon the premises described in this application by any authorized official of the Office of the Zoning Administrator or Hearing Officer for the purpose of inspection and of posting, maintaining, and removing such notices as may be required by law.
3. *[To be completed by the lessee if the application is being submitted by the lessee]*

I, \_\_\_\_\_, declare under the penalties of perjury that I am the lessee of the property proposed for rezone in this application and that the above statements and answers, and the attached documents, are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Lessee

4. *[To be completed by the property owner if the applicant is the property owner]*

I, \_\_\_\_\_, declare under the penalties of perjury that I am the owner of the property proposed for rezone in this application and that the above statements and answers, and the attached documents, are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Property Owner

5. *[To be completed by the property owner if the applicant is not the property owner]*

I, \_\_\_\_\_, declare under the penalties of perjury that I am the owner of the property proposed for rezone in this application and that I consent to submittal of this application for rezone.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Property Owner