

**SUVA CITY COUNCIL**  
**APPLICATION FOR REZONING**

NAME OF OWNER: .....

STREET: ..... PHONE: .....

CT/CL NO: ..... D.P..... LOT.....

PROPOSED ZONE .....

CURRENT ZONE: .....

OUTLINE PLANS ATTACHED [YES / NO]

OWNER'S AUTHORISATION ATTACHED YES/NO (applicable only if application is not lodged by owner).

NAME & ADDRESS OF APPLICANT

SIGNATURE OF APPLICANT

.....  
.....  
.....

**FOR OFFICE USE ONLY**

TO; CASHIER

FROM: BUILDING CLERK

DATE: .....

Would you please accept \$ ..... as Service Fee

From Mr./Mrs./Messer's ..... Place.....

Receipt No. .... Date .....

.....  
CASHIER'S SIGNATURE

.....  
BUILDING CLERK

NOTE; A minimum fee of \$160.00 plus VAT is charged for all rezoning applications. This is in addition to the advertising fee of \$450.00 plus VAT.