



Town of Talking Rock  
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## ANNEXATION/ZONING APPLICATION

### OWNER INFORMATION

Owner Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address of parcel to be considered \_\_\_\_\_

Parcel No \_\_\_\_\_ No of Acres \_\_\_\_\_

### APPLICANT INFORMATION

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Reason for hearing:

Owners Signature \_\_\_\_\_

Applicants Signature \_\_\_\_\_

Date of Hearing \_\_\_\_\_

Received by \_\_\_\_\_

Cash/check NO \_\_\_\_\_