

ZONING MAP AMENDMENTS - APPLICATION

Applicant's Name _____ Phone (____) _____

Mailing Address _____

Property Owner _____ Phone (____) _____

Mailing Address _____

Address of Property _____ Tax Parcel # _____

Legal Description _____

Property size _____ Square Feet OR _____ Acres

Current Zoning _____ Current Use _____

Zoning Recommended in Master Plan _____

Request to change zoning from _____ To _____

Reasons for requesting zoning amendment _____

DEADLINE FOR SUBMITTAL: Application for zoning amendment must be filed and fees paid at least ~~28~~²¹ days prior to the next regularly scheduled Planning Commission meeting.

I hereby certify that the information given herein is true and correct to the best of my knowledge

Signature of applicant

Signature of owner

ZONING ADMINISTRATOR USE ONLY

Date filed _____ Fee Paid _____ Review fee paid _____

Date Public Hearing Scheduled _____

Signature of Zoning Administrator _____