

MAP AMENDMENT APPLICATION

NOTE: This application shall not be altered by an applicant except that additional sheets may be attached where there is insufficient space provided to complete the required information. Additional supporting material may accompany the application at the applicants discretion. No section of the application can be waived without written justification, and such justification is deemed sufficient to warrant a waiver by the Department of Public Works.

PLEASE TYPE OR PRINT NEATLY

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE:(\_\_\_\_)\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STATUS OF APPLICANT: \_\_\_\_\_

(Owner, renter, potential owner, etc.)

OWNER (If not applicant): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE:(\_\_\_\_)\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NOTE: If the property owner(s) is (are) not the applicant(s), a notarized statement signed by the owner(s) which states that they have no objection to the proposed map amendment shall be attached to this application.

LOCATION OF ZONE CHANGE REQUEST: \_\_\_\_\_

(Address)

LEGAL DESCRIPTION OF LOT(S) TO BE REZONED: \_\_\_\_\_

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EXISTING ZONING DISTRICT: \_\_\_\_\_

PROPOSED ZONING DISTRICT: \_\_\_\_\_

PURPOSE FOR REZONING: \_\_\_\_\_

\_\_\_\_\_

EXISTING LAND USE: \_\_\_\_\_

\_\_\_\_\_

PROPOSED LAND USE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will the proposed rezoning conflict with any covenants internal to the property? \_\_\_\_\_

ATTACH A LOCATION DRAWING SHOWING THE AREA PROPOSED TO BE REZONED INCLUDING ALL PROPERTIES DEFINED BY LEGAL DESCRIPTION ABOVE.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PROPERTY

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE: THE APPLICANT OR A REPRESENTATIVE MUST BE PRESENT AT THE PLANNING COMMISSION MEETING. IF NO ONE IS PRESENT, THE REQUEST WILL BE EITHER DENIED OR TABLED UNTIL THE NEXT MEETING.**

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FOR DEPARTMENT USE ONLY

APPLICATION FEE: \$115.00 PAID: \_\_\_\_/\_\_\_\_/\_\_\_\_ FEE RECEIPT #: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ISSUED PERMIT #: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_