



ZONING APPEAL/AMENDMENT APPLICATION

Application is hereby submitted for Zoning Appeal/Amendment Request (Reason for zoning amendment-Attach Sheet if Necessary)

Ordinance Number for Appeal/Amendment

Consideration: _____

Reason for zoning

APPLICANT

NAME _____

APPLICANT

ADDRESS _____

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE () _____

EMAIL ADDRESS _____

THE FOLLOWING INFORMATION IS SUBMITTED IN SUPPORT OF THIS APPLICATION:

- COMPLETED APPLICATION FOR ZONING APPEAL/AMENDMENT
- FEE OF \$300.00
- FEE OF \$2,500.00 ESCROW
- COPY OF CURRENT ZONING AMENDMENT
- YOUR PROPOSED CHANGES/WORDING FOR ZONING APPEAL/AMENDMENT

A NARRATIVE EXPLAINING THE PURPOSE OF THE REQUEST, THE EXACT NATURE OF THE ZONING APPEAL/AMENDMENT AND THE JUSTIFICATION OF THE REQUEST (ATTACH SHEET IF NECESSARY)

OTHER _____

I FULLY UNDERSTAND THAT ALL OF THE ABOVE REQUIRED INFORMATION MUST BE SUBMITTED AT LEAST 15 DAYS PRIOR TO THE PLANNING COMMISSION MEETING TO ENSURE REVIEW BY THE PLANNING COMMISSION ON THAT DATE.

APPLICANT'S SIGNATURE _____

DATE _____

COMMENTS/REVISIONS _____

RECEIVED BY: _____
CITY MANAGER SIGNATURE/ZONING ADMINISTRATOR DATE