

revised 9/2017

ZONING ORDINANCE TEXT AMENDMENT APPLICATION

Name of Applicant (to be used on legal documents)

Telephone No.

Address of Applicant

Fax No.

Email Address of Applicant

STATUS OF APPLICANT:

Owner Buyer Lessee Other

LOCATION: Lot: _____, Block _____, Addition _____

Street Address: _____

Metes & Bounds Description Attached? Yes No

Survey or Plot Plan Attached? Yes No

Affected Sections(s): _____

Current Zoning: _____

REASON FOR REQUEST:

- 1.
- 2.
- 3.

BY CHECKING THIS BOX, I HEREBY AGREE TO ALL STATEMENTS HEREIN AND SUBMIT MY SIGNATURE ELECTRONICALLY TO THIS FORM.

Date: _____

 Signature of Applicant

\$1,800.00 Fee Paid? Yes No