

Date: _____

Applicant:

| | |
|----------|--------|
| Name: | |
| Address: | |
| Phone: | Email: |

Proposed Text Amendment:

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| <i>Section of Zoning Code to be Amended:</i> |
| <i>Summary of Proposed Text Amendment (additional sheet(s) may be attached):</i> |
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Attest:

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of application will be complied with whether specified herein or not. The granting of an approval does not presume to give authority to violate or cancel the provisions of any other federal, state or local law regulating the same. This application has not been requested within the past year.

 Printed Name of Applicant/Agent

 Signature of Applicant/Agent

 Date

OFFICE USE ONLY:

Zoning Administrator Notes:

Signature of person reviewing: _____

Date

| | |
|----------------------------|-----------------|
| Zoning Text Amendment Fee: | \$250.00 |
| Other: | |

Application Received and Processed By: _____

Total Fee

Date: _____

Fees Paid: Yes No

Submitted to Planning Commission: _____

Application: Approved Denied

Public Hearing: 1st _____
2nd _____

Submitted to Council: 1st Reading: _____
2nd Reading: _____

Application: Approved Denied