

## **COMMUNITY DEVELOPMENT**

#### PLAN/ZONE/TEXT AMENDMENT

ZONE MAP AMENDMENT:		AP AMENDME	NT:	TEXT AMENDMENT:	
FEE:	FEE:			FEE:	
Applicant's Name (print):				Phone: ()	
Mailing Address:			City/State	/Zip:	
Applicant's Email Address:					
Property Owner's Name (if different) <sup>3</sup>	*:			Phone: ()	
Mailing Address:			City/State	/Zip:	
Owner's Email Address:					
Property Description: Township	_ Range	Section	Tax Lot		
Lot of Record? (state reason):					
Current Zoning:		Proposed Zo	ning:		
Current Plan Designation:		Proposed De	esignation:		
Applicable State Goals:			Exce	eption Proposed?Yes	No
Size of Affected Area: Ad	res				

#### INSTRUCTIONS FOR COMPLETING THIS APPLICATION:

- 1. Complete this application form including the appropriate signatures. If color exhibits are submitted, black and white copies with captions or shading delineating the color areas shall also be provided.
- 2. Include a detailed statement describing the proposal and how it meets all requirements of the appropriate State rules and statutes, and County codes and Comprehensive Plan policies. Text amendment applications must include the proposed language and the basis for the change.
- 3. If multiple properties are involved in this application, then identify each property on a separate page and follow with the property owners' signatures.
- 4. Submit the correct application fee.
- 5. Submit a copy of the current deed(s) for the property(ies).

### A PRE-APPLICATION APPOINTMENT IS REQUIRED FOR ALL AMENDMENTS

Applicant's Signature:	Date:		
Property Owner's Signature (if different)*:	Date:		
Agent's Name (if applicable):	Phone: ()		
Mailing Address:	City/State/Zip:		

# \*If this application is not signed by the property owner, a letter authorizing signature by the applicant must be attached.