APPLICATION FOR AMENDMENT TO ZONING MAP
ARTICLE XIV, SECTION 14-3

PROPERTY LOCATION: _____

SIZE OF PROPERTY: _____ TAX ACCOUNT NO.:_____

PRESENT ZONING: _____

PROPOSED ZONING: _____

IS THIS REQUEST TO RE-ZONE THE ENTIRE PARCEL OF PROPERTY? __YES ___NO

PLEASE IDENTIFY, SPECIFICALLY, THE AREA TO BE RE-ZONED ON REQUIRED MAP OF PROPERTY AND ATTACH A SURVEY MAP, LEGAL DESCRIPTION, ENVIRONMENTAL ASSESSMENT FORM AND LETTER OF INTENT. **(20 copies of each)**
****

PROPERTY OWNER'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

APPLICANT/AGENT'S NAME: _____

ADDRESS: _____

TELEPHONE: (W) _____ (H) _____

FIRM: _____

****

WHAT IS THE PRESENT ZONING OF ADJACENT PROPERTIES? _____

_____

DESCRIBE IN DETAIL THE PROPOSED USE OF THE PROPERTY TO BE RE-ZONED:
_____

_____

_____

HOW WILL THIS APPLICATION IMPACT NEIGHBORING PROPERTIES?

_____

_____

_____

_____

HAS THIS APPLICATION BEEN REQUESTED BEFORE? :__: YES :__: NO

DATE OF PREVIOUS APPLICATION: _____

DATE: _____

_____

APPLICANT'S SIGNATURE