



Development Services Department

Zoning Text Amendment Application

APPLICATION REQUIREMENTS: Applications will be accepted on the presumption that the information, materials, and signatures are complete and accurate. If the application is incomplete or inaccurate, your request may be delayed until corrections or additions are received.

Property Owners Information

Name: _____

Telephone Number: _____ E-mail Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Applicant Information

Name: _____

Telephone Number: _____ E-mail Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Statement of Purpose – Identify the existing section(s) of the Zoning Ordinance for which the Text Amendment is proposed, the proposed revised language and the reason(s) for the requested Text Amendment (attach additional sheets as necessary):

General Description of Property Affected by Amendment (attach additional sheets as necessary):

Statement of Facts which the Applicant believes Justify the Amendment (attach additional sheets as necessary):

Signature

I hereby certify that the information on this form is **COMPLETE, TRUE, and CORRECT** and the under signed is authorized to make this application concerning the above described property. I understand that submitting this application does not constitute approval and incomplete applications will result in delays and possible denial. I further request that the Planning & Zoning Commission/Board of Adjustment/Plan Review Committee review this matter and take appropriate action.

X _____
Signature of Applicant Date

X _____
Signature of Owner Date

FOR OFFICE USE ONLY

RECEIVED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____

NOTES:

