



## COMMUNITY DEVELOPMENT

# APPLICATION FOR AMENDMENT TO ZONING MAP AND/OR ORDINANCE

(Please print or type the following. Attach extra sheets if insufficient space is provided.)

Name of Applicant(s):

Address:

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Description of Area Requested to be Re-Zoned:

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Present Zoning Classification of the Area: \_\_\_\_\_

Requested Zoning Classification of the Area: \_\_\_\_\_

The above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

This application must be accompanied by a \$200 filing fee