

# Zoning Map Amendment Form

*NOTE: Please print all information requested below.*

Number \_\_\_\_\_

Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Current Address \_\_\_\_\_

Phone \_\_\_\_\_

Address of the property you seek to have rezoned \_\_\_\_\_

Legal description of the property \_\_\_\_\_

Legal capacity in which you are applying for this rezoning:

Owner       Representative of the owner       Other (explain below)

Current zoning classification of the property: \_\_\_\_\_

Requested zoning classification: \_\_\_\_\_

Reasons supporting your requested rezoning: \_\_\_\_\_

Current land use activities abutting the subject property:

On the North: \_\_\_\_\_

On the South: \_\_\_\_\_

On the East: \_\_\_\_\_

On the West: \_\_\_\_\_

