Filing Date _____ Receipt Number_____

APPLICATION FOR AMENDMENT TO ZONING REGULATIONS

1. _____
Applicant's Name Mailing Address Phone Number

2. _____
Agent's Name Mailing Address Phone Number

3. Section(s) to be Changed: _____

4. Proposed Amendment: _____

_____

_____

_____

5. _____
State briefly your reasons for request

_____

_____

_____ _____
Signature of Owner(s) Date Signature of Owner(s) Date

DO NOT WRITE BELOW THIS LINE

PLANNING COMMISSION RECOMMENDATION:

DATE OF NOTICE: _____

DATE OF PUBLIC HEARING:_____

VOTE: _____ TO _____ TO _____

CITY COUNCIL ACTION:

DATE OF PUBLIC HEARING: _____

VOTE: _____ TO _____ TO _____