

**APPLICATION FOR ZONING CHANGE**

- This application is for a zoning map change.       Fee Paid \_\_\_\_\_  
 This application is for a zoning text change.      Date Paid \_\_\_\_\_

Name of applicant: \_\_\_\_\_

For Map Change: Tax Map and Parcel Number \_\_\_\_\_

- Other Description attached

Name(s) and Address (es) of Owner(s) of Lot Proposed to be rezoned:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use of Each Adjacent Property:

Property

Use

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present Zoning Regulation/District/District Boundary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Zoning Regulation/District/District Boundary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner (if other than applicant)

If application is for a zoning text change, applicant may wish to provide address and phone number where applicant may be reached:

\_\_\_\_\_  
\_\_\_\_\_

\*For a rezoning request, applicant must be an owner of the property proposed to be rezoned.  
(See Zoning Administrator for meeting schedule and times)