



## APPLICATION FOR ZONING MAP AMENDMENT

Docket Number: \_\_\_\_\_

Public Hearing Date: \_\_\_\_\_

Date Application Filed: \_\_\_\_\_

Pre-Application Meeting Date: \_\_\_\_\_

### APPLICANT(S) INFORMATION

1) APPLICANT(S) NAME(S): \_\_\_\_\_

Names of Officers, Directors, Shareholders or Members (If Applicable):

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_ Cell Number: \_\_\_\_\_

\_\_\_\_\_ E-Mail Address: \_\_\_\_\_

2) PROPERTY OWNER(S) NAME(S): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_ Cell Number: \_\_\_\_\_

\_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**\*PLEASE USE ADDITIONAL PAGES IF NEEDED\***

3) APPLICANT(S) ATTORNEY: \_\_\_\_\_

Name of Law Firm: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### PROPERTY AND PROPOSED DEVELOPMENT INFORMATION

Property Address: \_\_\_\_\_

PVA Parcel Number: \_\_\_\_\_ Acreage: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

FLUM Designation: \_\_\_\_\_



**APPLICATION CHECKLIST**

- A completed and signed Application
- Plat prepared by a licensed surveyor (please include one (1) 11" x 17" or smaller copy)
- Adjacent Property Owners Form
- General Development Plan (please include one (1) 11" x 17" or smaller copy)
- Development Plan Conditions
- Written Narrative Detailing Compliance with Findings Required for Zone Change on Page 2
- Application Fees
- Water/Sewer Verification
- Traffic Impact Study (If Applicable)
- Geologic Analysis (Heavy Industrial development with a DRASTIC Index > 160)
- Neighborhood Meeting Date (If Conducted): \_\_\_\_\_

**APPLICANT'S CERTIFICATION**

*I do hereby certify that, to the best of my knowledge and belief, all application materials have been submitted and that the information they contain is true and correct. I further grant permission to the City-County Planning Commission to release all information associated with this application, including contact information, if requested by way of official public records inspection request form. Please attach additional signature pages if needed.*

Signature of Applicant(s) and Property Owner(s):

Date:

1) \_\_\_\_\_

\_\_\_\_\_

*(please print name and title)*

2) \_\_\_\_\_

\_\_\_\_\_

*(please print name and title)*

*The foregoing signatures constitute all of the owners of the affected property necessary to convey fee title, their attorney, or their legally constituted attorney-in-fact. If the signature is of an attorney, then such signature is certification that the attorney represents each and every owner of the affected property. Please use additional signature pages, if needed.*

**REQUIRED FILING FEES MUST BE PAID BEFORE ANY APPLICATION WILL BE ACCEPTED**

Application Fee: \_\_\_\_\_

Land Use Certificate Fee: \_\_\_\_\_

Date Fees Received: \_\_\_\_\_