

RZ

APPLICATION FOR ZONING AMENDMENT  
– TEXT AND MAP



Date: \_\_\_\_\_

Case No: \_\_\_\_\_

**Filing Fees:** Refer to Development Application Fee Schedule.

Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ ☐ PZB ☐ Town Commission ☐ Other

**Type of application (check one)**

( ) Zoning Map Amendment ( ) Zoning Code Text Amendment

Petitioner / Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Petitioner's Relation to Subject Property: \_\_\_\_\_

If Petitioner is not Owner, Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_ City: \_\_\_\_\_

Signature of Petitioner: \_\_\_\_\_

Present Zoning District: \_\_\_\_\_

Proposed Zoning District: \_\_\_\_\_

Address of Subject Property: \_\_\_\_\_

Purpose of Rezoning: \_\_\_\_\_

Legal Description of Property (Plat Book/Page or Metes and Bounds): \_\_\_\_\_

**REASONS AND JUSTIFICATION FOR REQUESTED AMENDMENT:**

- Narrative explanation of the purpose of the proposed Zoning Code or Map amendment and justification for the proposed amendment (attach to application and provide in electronic format).
- Map amendments shall include map exhibits showing existing and proposed.
- Survey of the property
- Plot plan to scale of the area affected, showing thereon adjacent property within three hundred (300) feet, as well as existing roadways, if any, within three hundred (300) feet

**OWNER / AGENT CERTIFICATE:**

This is to certify that I am the owner/agent of subject lands described above in the Application for a Zoning Code/Map Amendment, and that all information supplied herein is true and correct to the best of my knowledge. By signing this application, owner/agent specifically agrees to allow access to described property at reasonable times by Town personnel for the purpose of verification of information provided by owner/agent.

Signature of owner/agent: \_\_\_\_\_ Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_.

☐ He/She is personally known to me or

☐ He/She has presented \_\_\_\_\_ as identification.

Signature of Notary Public \_\_\_\_\_

Type or Print Name \_\_\_\_\_

**FOR STAFF USE ONLY**

Planning and Zoning Date: \_\_\_\_\_ ( ) Approved ( ) Denied ( ) Approved with conditions  
Town Commission Date: \_\_\_\_\_ ( ) Approved ( ) Denied ( ) Approved with conditions