

CP

APPLICATION FOR COMPREHENSIVE PLAN
AMENDMENT – TEXT AND MAP



Date: _____

Case No: _____

Filing Fees: Refer to Development Application Fee Schedule.

Amount Paid _____ Date _____ ☐ DRC ☐ PZB ☐ Town Commission ☐ Other

Type of application (check one)

() Large-Scale Map Amendment () Small-Scale Map Amendment () 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 Future Land Use Map (FLUM) Designation: _____

Proposed Future Land Use Map (FLUM) Designation: _____

Text Amendment: Please Attach Proposed Text Amendment Language to Application

Address / General Location of Property: _____

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

REASONS AND JUSTIFICATION FOR REQUESTED AMENDMENT: Applicant shall provide a separate narrative explanation of the purpose of the proposed Comprehensive Plan 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.

OWNER / AGENT CERTIFICATE:

This is to certify that I am the owner/agent of subject lands described above in the Application for a Comprehensive Plan 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