



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. 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: _____