

APPLICATION FOR ZONING MAP AMENDMENT

	ocket Number: ate Application Filed:	Public Hearing Date: Pre-Application Meeting Date:		
APPLICANT(S) INFORMATION				
1)	APPLICANT(S) NAME(S):			
	Names of Officers, Directors, Share	holders 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:		
	PLEA	SE USE ADDITIONAL PAGES IF NEEDED		
3)	Applicant(s) Attorney:			
	Name of Law Firm:			
	Phone Number:	Cell Number:		
	E-Mail Address:			
PR	OPERTY AND PROPOSED DEVELOPM	IENT INFORMATION		
	Property Address:			
	PVA Parcel Number:	Acreage:		
	Current Zoning:	Proposed Zoning:		
	FLUM Designation:			

PROJECT SUMMARY Please describe the proposed use of the property		
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FINDINGS REQUIRED FOR ZONE CHANGE In order for the Planning Commission to make a recommendation for a zoning map amendment, it must mal findings of fact in support of its recommendation. Please provide a detailed explanation as to:	æ	
What major economic, physical or social changes, if any, have occurred in the vicinity of the property question that were not anticipated by the Comprehensive Plan and which have substantially altered the basic character of the area, which make the proposed amendment to the Official Zoning Manappropriate. This explanation shall contain a list of such specific changes, a description as to how say changes were not anticipated by the comprehensive plan, a description as to how said changes have altered the basic character of the area and a description as to how said changes make the proposed amendment to the official zoning map appropriate; or	ed ip id /e	
\square Why the original zoning classification of the property in question is inappropriate or improper; or		
☐ How the proposed zoning map amendment is in agreement with the FOCUS 2030 Comprehensive Pla Including the Future Land Use Map (Please see attached Comprehensive Plan Compliance Checklist).	٦,	
Please check (\checkmark) one of the above findings of fact and cite specific evidence to address such finding in the space provided below. Please attach additional sheets if more space is needed.	ıe	

APP	PLICATION 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):				
Sign 1)	pature of Applicant(s) and Property Owner(s): Date:			
	(please print name and title)			
2)				
	(please print name and title)			
const	foregoing signatures constitute all of the owners of the affected property necessary to convey fee title, their attorney, or their legally cituted attorney-in-fact. If the signature is of an attorney, then such signature is certification that the attorney represents each and every owner affected property. Please use additional signature pages, if needed.			
REQ	QUIRED FILING FEES MUST BE PAID BEFORE ANY APPLICATION WILL BE ACCEPTED			
Арр	olication Fee:			
Lan	d Use Certificate Fee:			
Dat	e Fees Received:			