

APPLICATION FOR AMENDMENT TO ZONING REGULATIONS

Date Filed: _____

Receipt #: _____

Applicant/Agent Information

Applicant Name:	Phone Number:
Address:	
Email Address:	
Agent Name:	Phone Number:
Address:	
Email Address:	

Amendment Information

Section to be amended:
Proposed amendment:
Justification/Reason for amendment:

Signature of Applicant/Date

Signature of Agent/Date

Planning Commission

Hearing Date:
Recommendation:

City Council

Hearing Date:
Action: