



**PLANNING COMMISSION ZONING MAP AMENDMENT APPLICATION**

**PLEASE PRINT**

*The applicant must be an owner of the property.*

*Spouse and/or any other parties with legal or equitable interest must join in this application.*

*Identify applicant or owner(s).*

*If needed, use separate sheet to identify all parties with legal interest in this property.*

**Rezoning #** \_\_\_\_\_

**Date Application Filed:** \_\_\_\_\_

**PC Hearing Date:** \_\_\_\_\_

**Fee amount: \$** \_\_\_\_\_

**w/Dev. Plan \$** \_\_\_\_\_

**Receipt #** \_\_\_\_\_

**By:** \_\_\_\_\_

**Applicant(s) name (s):** \_\_\_\_\_  
\_\_\_\_\_

**Business entity – names of Officers, Directors; Shareholders or Members:**  
\_\_\_\_\_  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Property owner(s) name(s):** \_\_\_\_\_  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Applicant(s) Agent/Attorney:** \_\_\_\_\_  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_



## PLANNING COMMISSION ZONING MAP AMENDMENT APPLICATION

If the proposed zoning request is not consistent with the Comprehensive Plan, the Commission must find **either**:

1. That the original classification was inappropriate or improper for the original use of the property; or
2. That there have been major changes of an economic, physical or social nature within the area involved which were not anticipated in the comprehensive Plan and that those changes have substantially altered the basic character of the area involved.

### Project Summary:

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In order for the Planning Commission to make a recommendation for a zoning map amendment, it must make findings of fact in support of its recommendation.

**Findings in Compliance with the Comprehensive Plan:** Please provide specific evidence from the Comprehensive Plan with reference to the Land Use Criteria and Goals and Objectives, to support this map amendment request.

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If the applicant feels the proposed request is not consistent with the adopted Comprehensive Plan, the application must contain facts supporting one of the following:

1. Describe why the **original** classification was **inappropriate**.  
(Use additional sheets if needed).

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2. Describe the **major changes not anticipated** by the Comprehensive Plan and how they have altered the basic character of the area.  
(Use additional sheets if needed).

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**PLANNING COMMISSION ZONING MAP AMENDMENT APPLICATION**

**Property and Proposed Development Information**

- Property Address: \_\_\_\_\_
  - PID # \_\_\_\_\_ Acreage: \_\_\_\_\_
  - Existing Zoning: \_\_\_\_\_
  - Existing Land Use: \_\_\_\_\_
  - Zoning Requested: \_\_\_\_\_
  - Plat of property and description of area showing accurate measurements with acreage included.
  - List of adjacent property owners for property being rezoned.
  - Development Plan: Yes \_\_\_\_\_ No \_\_\_\_\_
- (If Development Plan submitted, please provide 8 copies (one 8 ½ x 11), and (1) digital copy)

**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.*

**Signature of Applicant(s) and owner(s):**

**Date:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Please print name and title)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Please print name and title)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Please print name and title)

*The forgoing 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.*