[Insert Office or Department Name]

[Insert Planning Administrator Name]

[Insert Address]

 [Insert Contact Phone Number]

[Insert Contact Fax Number]

[Insert Email Address]

[Insert Web Site]

[Insert Jurisdiction Logo]

|  |
| --- |
| **APPLICATION FOR A ZONING MAP AMENDMENT****(Pre-Application Conference Required)** |
| **ADMINISTRATIVE SUMMARY (Staff Use Only)** |
| **Application #** |       | **Date Submitted** |       | **Fee Required** |       | **Fee Paid** |       |
| **Associated Applications if Any** |       | **Assigned Case Manager** |  |
| **Pre-Application Conference Date** |       |  |  |
|  |
| **APPLICANT/CONTACT INFORMATION** |
| **APPLICANT INFORMATION** | **CONTACT INFORMATION (Same as Applicant?** **[ ] )** |
| **Applicant Name** |       | **Contact Name** |       |
| **Address** |       | **Address** |       |
| **City, State, Zip** |       | **City, State, Zip** |       |
| **Telephone** |        | **Telephone**  |        |
| **Fax** |       | **Fax** |       |
| **Email** |       | **Email** |       |
|  |
| **OWNERSHIP INFORMATION** |
| **PROPERTY OWNER 1 INFORMATION (Same as Applicant? [ ] )** | **PROPERTY OWNER 2 INFORMATION (If Needed)** |
| **Owner’s Name** |       | **Owner’s Name** |       |
| **Address** |       | **Address** |       |
| **City, State, Zip** |       | **City, State, Zip** |       |
| **Telephone** |        | **Telephone**  |        |
| **Fax** |       | **Fax** |       |
| **Email** |       | **Email** |       |
|  |
| **PROJECT SUMMARY** |
| **Subject Property Location [Please Include Address and Assessor’s Identification Number(s)]** |
| **Parcel 1** | **Parcel 2** | **Parcel 3** |
|       |       |       |
| **Legal Description of Subject Property** |
|       |
| **Area of Subject Property (Acres/Sq Ft)** | **Area of Requested Rezoning (Acres/Sq Ft)** |
|       |       |
| **Designated Future Land Use Category** | **Current Use of Property** | **Proposed Use of Property** |
|       |       |       |
| **Current Regional Growth Sector** | **Current Context Area** | **Current Zone District** |
|       |       |       |
| **Proposed Regional Growth Sector** | **Proposed Context Area** | **Proposed Zone District** |
|       |       |       |
| **Current Building Type(s)** | **Anticipated Building Type (s)** |
|       |       |
| **Source of Utilities**  |
| **Water** |       | **Sewer** |       |
| **Reason for the zone change request** |
|       |
| **Land use and the development proposed for the subject property. Include the time schedule (if any) for development. (Use additional pages if necessary)** |
|       |
| **Current Zoning Surrounding Subject Property** |
| **North:** |  | **South:** |  |
| **East:** |  | **West:** |  |
| **Current Land Use Surrounding Subject Property**  |
| **North:** |  | **South:** |  |
| **East:** |  | **West:** |  |
| **Is the proposed zoning map amendment consistent with the Comprehensive Plan? If so how?**  |
|  |
|  |
| **EXHIBITS**  |
| **Owner Information Sheet** | [ ]  | **Additional Exhibits If Any:** |
| **Maps (vicinity, zoning, floodplains, wetlands others as requested by staff)**  | [ ]  |       |
| **Site Plan (designating primary, side, and service street frontages)** | [ ]  |  |
| **Parking Plan (Location, number of spaces, reductions, and design and landscaping)** | [ ]  |  |
| **Landscape Plan (including any equivalent alternative landscaping requests)**  | [ ]  |  |
|  |
| **CERTIFICATION AND SIGNATURE**By my signature below, I certify that the information contained in this application is true and correct to the best of my knowledge at the time of the application. I acknowledge that I understand and have complied with all of the submittal requirements and procedures and that this application is a complete application submittal. I further understand that an incomplete application submittal may cause my application to be deferred to the next posted deadline date. |
| **Signature of Applicant** | **Date** | **Signature of Property Owner’s (If not the Applicant)** | **Date** |
|  |       |  |       |

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| **APPLICANT & OWNER INFORMATION SHEET** |
| 1. **Any applicant for a zoning map amendment must provide the applicant’s name, address, and respective ownership interest, if any, on the application. In addition, the applicant must provide, in the space provided on this form, a list of all the owners of the property and the holders of any deeds of trust, identifying which owners and holders of deeds of trust are represented by the applicant.**
 |
| **Application Number** | **Applicant’s Name** |
|       |       |
| **Property Address(es)** |
|       |
| **Applicant’s Address** |
|       |
| **NOTE: If the applicant is not the property owner, this form must be accompanied by a Power of Attorney statement from the property owner.** |
| **Indicate as accurately as possible the form of interest in the property, and the amount held by the individual or entity listed as “applicant” above.** |
| **Fee Title Owner (Has Deed of Ownership)** | **All** | [ ]  |
| **A Portion** | [ ]  |
| **Contract Owner** | **All** | [ ]  |
| **A Portion** | [ ]  |
| **Holder of a Security Interest** | **All** | [ ]  |
| **A Portion** | [ ]  |
| **List the names and addresses of all owners and holders of Deeds of Trust for the property, if any, and indicate which owners or holders of deeds of trust are represented by the applicant in the space below (please add additional pages, if needed).** |
|       |
| **Signature of Applicant** | **Date Signed** |
|       |       |