



ZONING APPLICATION

OFFICE USE ONLY:

Date Received: \_\_\_\_\_ By: \_\_\_\_\_  Fee: \$75

Please print clearly. Complete and submit the application and attachments. If the applicant is not the owner(s), the owner(s) must complete and sign the Designation of Agent. Staff cannot place this application on the agenda if it is incomplete and/or without the appropriate supportive documentation. Please use additional paper. Print or type your responses. Include an accurate plat, scaled plot/site plan, and any additional materials (i.e. photographs, elevation drawing with dimensions, or renderings). Plot/site plans must be no longer than 11 x 17, and show scale, tax map number, property owner/developer information, date, vicinity map, north arrow, property shape and dimensions, landscaping, screening and buffering, and location and size of existing and/or proposed structures, and drives. The plot/site plan must be designed by a registered land surveyor, landscape architect, or engineer.

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_ Property Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Designation of Agent: I/we hereby authorize the person named as Applicant to act on my/our behalf for the purpose of submitting and amending documents, meeting with staff, and attending public meetings/hearings.

Owner's Name (print) \_\_\_\_\_ Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness (print) \_\_\_\_\_ Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check  one:  Zoning Text Amendment Request  Re-zoning Request  Town Zoning Designation

Zoning District: \_\_\_\_\_ List pertinent ordinance section: \_\_\_\_\_

Current property use:  Residential  Commercial  Industrial  Vacant Area ( sq ft)/acre of propose project: \_\_\_\_\_

1.  If a Zoning Text Amendment Request, what use and/or language need to be added or removed from the ordinance? \_\_\_\_\_

If a Re-zoning Request, what is recommended zone for the property? \_\_\_\_\_

If a Town Zoning Designation, what is recommended zone for the property? \_\_\_\_\_

Describe in detail the reason for your request: \_\_\_\_\_

2. How does the proposed change compliment or is compatible to the surrounding area?

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

3. Indicate (check  the applicable) supportive documentation.  plat (**required**)  scaled plot/site plan (*for new improvements*)  
 applicable permits/approvals  photographs  elevation drawings with dimensions  renderings  
 others (*please list*) \_\_\_\_\_.

I attest to the best of knowledge the information and attachment(s) provided is accurate. The proposed activity does not contradict any restrictions and covenants. I authorize the subject property to be posted with a notice of the Commission hearing.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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**THIS SECTION FOR USE BY PLANNING COMMISSION ONLY**

Date Received by the Planning Commission: \_\_\_\_\_

Date Advertised: \_\_\_\_\_

Date property was posted: \_\_\_\_\_

Date of Public Hearing: \_\_\_\_\_

THE PLANNING COMMISSION  **Recommends**  **Does Not Recommend**  **Recommends with Modification/Comments** the ordinance for adoption by Council.

Recommends with modification/comments as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by the Commission by majority vote.

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Date

Council Action:  First Reading       Second Reading:  Approved  Denied

Council Comments: \_\_\_\_\_  
\_\_\_\_\_