

Office Use

Plan Comm Date: _____
County Comm Date: _____
Tax District: _____
Map No.: _____
Fee: _____

APPLICATION FOR TEXT AMENDMENT FEE: \$250.00

Whenever public necessity and the public health, safety, and general welfare require, the County Commission may amend, supplement, or modify, the regulations set forth in the text of this Ordinance without holding an election.

Specific requirements and specifications may be found in Section(s) 2200.01-2200.06 of the Zoning Ordinance.

Date of Submittal ____/____/____

Appellant:

Agent (if applicable):

Name

Name

Mailing Address (Street, City, State, Zip Code)

Mailing Address (Street, City, State, Zip Code)

Daytime Phone

Daytime Phone

Email Address

Email Address

Legal Description of Property:

(If in metes and bounds, attach legal description on separate sheet or attach copy of deed)

Block	Lot	Subdivision	Parcel Size (acres or sq. ft.)
_____ Street Address (Street, City, State, Zip Code)			

Section(s) of land development regulations or Policy(s) of comprehensive plan to be amended:

On a separate piece of paper please:

Provide a description of the text to be changed

Provide a description of the proposed amended text

Provide an explanation of the proposed change

Provide a statement of the consistency with the land development regulations and comprehensive plan

A separate submission must be given for each section of land development regulation or policy of the comprehensive plan to be amended.

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge such information is true, complete and accurate. I understand that applying for a Text Amendment does not guarantee approval and that the fee associated with the application is non-refundable. I give permission for on-site visits as required.

I understand that my presence is mandatory at any meetings regarding this application.

Signature of Appellant: _____ **Date:** _____