



COMMUNITY DEVELOPMENT
Planning & Zoning Division

ZONING TEXT AMENDMENT REQUEST

DATE:	
APPLICANT:	
ADDRESS:	
PHONE #:	
EMAIL ADDRESS:	

Present Zoning Regulation:

Proposed Zoning Amendment:

Purpose of Request:

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Fee Must be Paid at the Time of Submittal: \$250.00

Signature of Applicant: _____

For Office Use:

Date Received: _____ Payment Type: _____