

OLIVER COUNTY

PLANNING & ZONING COMMISSION

APPLICATION FOR AMENDMENT TO ZONING ORDINANCE

APPLICATION: _____

DATE ISSUED: _____

INSTRUCTIONS: Complete form and return completed application to the Land Use Administrator before proposed upcoming zoning meeting.

APPLICANT INFORMATION: Name: _____
 Mailing Address: _____
 City, State Zip: _____
 Phone Number: _____ Cell: _____
 Email: _____

PROPOSED CHANGE TO THE ZONING ORDINANCE:

(Reference the specific section the amendment proposes to change and the proposed change to the language of the ordinance.)

REASON FOR PROPOSED CHANGE:

(Provide an explanation as to why this change to the Zoning Ordinance is required and why it should be approved.)

I the undersigned applicant do hereby attest that the information contained in this application is truthful and correct to the best of my ability.

Signature of Applicant

Printed Name of Applicant

Date