



Zoning Map Amendment Application

OFFICIAL USE ONLY:
UDO Number: _____
Date Filed: _____
Amount Paid: _____
Received By: _____

Contact Information

<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> APPLICANT	<input type="checkbox"/> AGENT FOR APPLICANT
Name: _____	Name: _____	
Address: _____	Address: _____	
Telephone: _____	Telephone: _____	
Fax: _____	Fax: _____	
Email: _____	Email: _____	

LEGAL RELATIONSHIP OF APPLICANT TO PROPERTY OWNER: _____
 DOCUMENTATION OF PROPERTY OWNER GIVING CONSENT TO APPLICANT (Y/N/NA) _____

Property Information

Physical Street Address _____
 Location: _____
 Parcel ID Number(s): _____
 Deed Book/ Page Number and/or Plate Cabinet/Slide Number _____
 Total Parcel(s) Acreage: _____ Perk Test or County Sewer Approval _____
 Existing Land Use of Property: _____ Proposed Land Use _____

Request

Current Zoning of Property: _____ Proposed Zoning District: _____
 Total Acreage for Rezoning: _____ Are you rezoning the entire parcel(s): Yes No
 Metes and Bounds Description Provided: Yes No _____
 Community Meeting, if applicable: Date Held: _____; Location: _____

Zoning Change Application Questions

The UDO requires the Board to consider principal issues when considering an application for a zoning change. Please respond to each issue in the space provided below or on a separate sheet.

(A) **What reasons/purpose for the rezoning request?**

(B) **Will the rezoning request cause noise, odors, light, activity or unusual disturbances?**

(C) **How will the proposed zoning change enhance the public health, safety, or welfare?**

(D) **Is the rezoning consistent with the purposes, goals, objectives and policies of the County's adopted policy guidance and future land use plans?**

(E) **Is the rezoning in the best interest of the public? Explain.**

(F) **For proposals to re-zone to non-residential districts along major arterial roads:**

(1) Is this an expansion of an adjacent zoning district of the same classification?

(2) What extraordinary showing of public need or demand is met by this application?

I, the undersigned, do certify that all of the information presented in this application is accurate to the best of my knowledge, information, and belief. Further, I hereby authorize county officials to enter my property for purposes of determining zoning compliance. All information submitted and required as part of this application process shall become public record.

Property Owner(s)/Applicant

Date

Note: Form must be signed by the owner(s) of record, contract purchaser(s), or other person(s) having a recognized property interest. If there are multiple property owners/applicants, a signature is required for each.

10/09/2020