



# APPLICATION FOR ZONING TEXT AMENDMENT

OFFICE USE	
CASE NO.	_____
RECEIVED:	_____
COMPLETE:	_____

**Zoning Code Text Amendment Process – See Addendum A of this Application**

**(PLEASE TYPE OR PRINT IN BLACK INK)**

I. APPLICANT				
Name:			Phone:	
Mailing Address:			Mobile:	
	Street			Email:
	City	State	Zip	
II. PROPOSED TEXT AMENDMENT				
Section of the Zoning Code to be Amended:				
Summary of Proposed Text Amendment (an additional sheet may be attached hereto):				
VIII. ATTEST				
I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of application will be complied with whether specified herein or not. The granting of an approval does not presume to give authority to violate or cancel the provisions of any other federal, state, or local law regulating same. This application has not been requested within the past year.				
_____	_____	_____		
Type/Print Name of Applicant/Agent	Signature of Applicant/Agent	Date		



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## ADDENDUM A - Zoning Code Text Amendment Process

