

# APPLICATION FOR ZONING AMENDMENT

P&Z meeting date \_\_\_\_\_

BOS meeting date \_\_\_\_\_ File #: \_\_\_\_\_

Date received \_\_\_\_\_ Resolution Date \_\_\_\_\_

Date Filed \_\_\_\_\_

I. Application is hereby made to request the following change to the Clinton County Zoning Ordinance:

( ) **TEXT AMENDMENT** – if requesting a text amendment, attach a separate sheet containing the proposed text change.

( ) **ZONING MAP AMENDMENT** – if requesting a map amendment, complete the following information:

- Township \_\_\_\_\_
- Quarter-Quarter \_\_\_\_\_ Section # \_\_\_\_\_ Township # \_\_\_\_\_ Range \_\_\_\_\_
- Current Zoning Classification \_\_\_\_\_
- Requested Zoning Classification \_\_\_\_\_

II. For both Text and Map Amendments attach a complete list providing the information required by Section 9.3.2 of the Clinton County Zoning Ordinance.

I certify that the information provided and required by Section 9.3.2 of the Clinton County Zoning Ordinance is, to the best of my knowledge, true and accurate. I further certify that I am the owner of the property; or have the authority to enter into and bind the owner of the property to these provisions; and will allow inspection property by authorized Clinton County employees as needed for review of this application.

\_\_\_\_\_  
Name of Applicant (typed or printed)

\_\_\_\_\_  
Name of Second Applicant/Agent (typed or printed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, & Zip

\_\_\_\_\_  
City, State, & Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\***

P & Z Commission recommendation:

- ( ) Approval
- ( ) Conditional Approval
- ( ) Denial

Action Date: \_\_\_\_\_

Board of Supervisors action:

- ( ) Approval
- ( ) Conditional Approval
- ( ) Denial

Action Date: \_\_\_\_\_