

COMPREHENSIVE PLAN AMENDMENT APPLICATION

Name of Project: _____

Legal Description _____
of Area to be _____
Re-classified: _____
(Attach copy if necessary)

Justification of Request _____

Street Address: _____

Proposed Use: _____

Present Classification _____ Requested Classification _____

Tax Key #: _____

Owner of Site:

Address: _____
City/State/Zip _____
Phone _____ Fax _____
Email _____

**Engineer /
Surveyor or
Architect**

Company _____
Address: _____
City/State/Zip _____
Phone _____ Fax _____
Email _____

Contact Person:

Company _____
Address: _____
City/State/Zip _____
Phone _____ Fax _____
Email _____

Signature of Applicant: _____ Date: _____