

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: _____