Comprehensive Plan Text Amendment

PLEASE PRINT

Application #_____

Application Name:_____

Address/Location:_____

Applicant 1: (mandatory)

Name:_____ Daytime Phone:_____

Mailing Address_____ Fax Number:_____

City/State/Zip:_____Contact Person:_____

Professional License #_____ Signature:_____

Applicant 2: (mandatory)

Name:_____ Daytime Phone:_____

Mailing Address_____ Fax Number:_____

City/State/Zip:_____Contact Person:_____

Professional License #_____ Signature:_____

Agent/Consultant Attorney: (mandatory if primary contact is different from applicant)

Name:_____ Daytime Phone:_____

Mailing Address:_____ Fax Number:_____

City/State/Zip:_____ License #:_____

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OFFICE USE ONLY:

_____ City Initiated _____Privately Initiated

Date Application Received:_____ Received By:_____

Date Application Complete:_____ Completeness Review By:_____

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