



**ZONING ORDINANCE  
AMENDMENT PERMIT  
APPLICATION**

Applicant Name (please print):		
Email:	Phone:	Alternate Phone:
Applicant Address:	City:	State:      Zip:

Application is hereby made for a zoning ordinance text amendment to Section:  
(attach current and proposed language)

Description and reason for the request:

The City will likely incur out-of- pocket, legal, engineering, building inspection and other costs in connection with the review of their application including possible field inspections (“City Costs”) to certify that the construction work is consistent with the terms of the approved application. All CityCosts shall be paid by the applicant/owner.

I fully understand that all of the above required information must be submitted at least 28 days prior to a Planning Commission meeting to ensure review by the Planning Commission on that date.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

**Permit #:** \_\_\_\_\_

**FEE**  
**Total Fee:** \_\_\_\_\_  
**Escrow Fee:** \_\_\_\_\_  
**Receipt #:** \_\_\_\_\_  
**Date Received:** \_\_\_\_\_

**APPROVALS**  
**Completed Application Date:** \_\_\_\_\_  
**Public Hearing Date** \_\_\_\_\_  
**Date Approved:** \_\_\_\_\_

# ZONING ORDINANCE AMENDMENT PERMIT APPLICATION CONTINUED

## ACKNOWLEDGEMENT OF RESPONSIBILITY

This is to certify that I am making application for the described action by the City and that I am responsible for complying with all City requirements with regard to this request. This application should be processed in my name and I am the party whom the City should contact regarding any matter pertaining to this application.

I have read and understand the instructions supplied for processing this application. The documents and/or information I have submitted are true and correct to the best of my knowledge. I will keep myself informed of the deadlines for submission of material and of the progress of this application.

I understand that this application may be reviewed by City staff and consultants. I further understand that additional information, including, but not limited to, traffic analysis and expert testimony may be required for review of this application. I agree to pay to the City upon demand, expenses, determined by the City, that the City incurs in reviewing this application and shall provide an escrow deposit to the City in an amount to be determined by the City. Said expenses shall include, but are not limited to, staff time, engineering, legal expenses and other consultant expenses.

I agree to allow access by City personnel to the property for purposed of review of my application and to erect a temporary sign indicating the application proposed.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Name of applicant \_\_\_\_\_ Phone \_\_\_\_\_  
(Please Print)

Name and address of Contact (if other than applicant) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date