

APPLICATION TO AMEND ZONING REGULATIONS

Applicant _____

Address _____ Phone _____

FAX: _____ Cell _____ EMAIL: _____

Agent _____

Address _____ Phone _____

FAX: _____ Cell _____ EMAIL: _____

Section(s) of the Zoning Regulations to be amended _____

Text of Proposed Amendment (attach additional sheets if necessary)

State the reason for requesting the change _____

I hereby certify that the information contained in this Application is true and correct to the best of my knowledge.

Signed (Applicant) _____ Date _____

Signed (Agent) _____ Date _____