



FOR PLANNING COMMISSION USE ONLY
 Rezoning No. _____
 Date Filed: _____

WASHINGTON COUNTY PLANNING COMMISSION ZONING
 ORDINANCE MAP AMENDMENT APPLICATION

 Applicant Property Owner Contract Purchaser
 Attorney Consultant
 Other: _____

 Address

 Primary Contact

 Phone Number

 Address

 E-mail Address

Property Location: _____

Tax Map: _____ Grid: _____ Parcel No.: _____ Acreage: _____

Tax Account ID: _____

Current Zoning: _____ Requested Zoning: _____

Reason for the Request: Change in the character of the neighborhood
 Mistake in original zoning

PLEASE NOTE: A Justification Statement is required for either reason.

 Applicant's Signature

Subscribed and sworn before me this _____ day of _____, 20_____.

My commission expires on _____

 Notary Public

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<input type="checkbox"/> Application Form	<input type="checkbox"/> Names and Addresses of all Adjoining & Confronting Property Owners
<input type="checkbox"/> Fee Worksheet	<input type="checkbox"/> Vicinity Map
<input type="checkbox"/> Application Fee	<input type="checkbox"/> Justification Statement
<input type="checkbox"/> Ownership Verification	<input type="checkbox"/> 30 copies of complete Application Package
<input type="checkbox"/> Boundary Plat (Including Metes & Bounds)	