DANVILLE-BOYLE COUNTY PLANNING & ZONING COMMISSION APPLICATION FOR ZONING MAP AMENDMENT



Docket Number: Date Application Filed:				
				AF
1)	APPLICANT(S) NAME(S):			
	Names of Officers, Directors, Shareholders or Members (If Applicable):			
	Mailing Address:	Phone Number:		
		Cell Number:		
		E-Mail Address:		
2)	PROPERTY OWNER(S) NAME(S):			
	Mailing Address:	Phone Number:		
		Call Number		
		E-Mail Address:		
		E USE ADDITIONAL PAGES IF NEEDED*		
3)	APPLICANT(S) ATTORNEY:			
	Name of Law Firm:			
	Phone Number:	Cell Number:		
	E-Mail Address:			
PR	OPERTY INFORMATION			
	Property Address:			
	PVA Parcel Number:			
	Acreage:			
	Current Zoning:			

ZONING MAP AMENDMENT REQUEST Please describe, in detail, the proposed use and desired zoning district request of the property being considered:		
	OSED ZONE CHANGE CONDITIONS provide a list of all proposed conditions for the subject property:	
In orde finding	GS REQUIRED FOR ZONING MAP AMENDMENT or for the Planning Commission to make a recommendation for a zoning map amendment, it must make as of fact in support of its recommendation. Please provide a detailed explanation as to: How the proposed zoning map amendment is in agreement with the 2017 Comprehensive Plan, including compliance with the adopted Future Land Use Map;	
	Why the original zoning classification of the property in question is inappropriate or improper; or	
	What major economic, physical or social changes, if any, have occurred in the vicinity of the property in question that were not anticipated by the Comprehensive Plan and which have substantially altered the basic character of the area, which make the proposed amendment to the Official Zoning Map appropriate. This explanation shall contain a list of such specific changes, a description as to how said changes were not anticipated by the comprehensive plan, a description as to how said changes have altered the basic character of the area and a description as to how said changes make the proposed amendment to the official zoning map appropriate.	
	ase check (\checkmark) one of the above findings of fact and cite specific evidence to address such finding in the acceprovided below. Please attach additional sheets if more space is needed.	

APF	APPLICATION CHECKLIST				
	A completed and signed Application				
	An exhibit prepared by a licensed surveyor depicting the various portion(s) of the property to be included in the proposed zoning map amendment (Please include: two (2) - 18" x 24" copies and two (2) - 11" x 17" copies)				
	Adjacent Property Owners Form				
	Water/Sewer/ Floodplain Verification Letter(s)				
	Traffic Impact Study, if required				
	Geologic Analysis (Phase I), if required				
Signa 1) _	(please print name and title)	attach additional signature pages if needed. Date:			
2) _	<i></i>	_			
_	(please print name and title)	Date:			
attorne	e foregoing signatures constitute all of the owners of the affected property necessary orney-in-fact. If the signature is of an attorney, then such signature is certification tha perty. Please use additional signature pages, if needed.				
REQL	QUIRED FILING FEES MUST BE PAID BEFORE ANY APPLICATION	N WILL BE ACCEPTED			
Appli	oplication Fee:				
Land	nd Use Certificate Fee:				
Date	ate Fees Received:				
	bmit Application to: anville-Boyle County Planning and Zoning Commission				

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