

Town of New Market
Request for Zoning Text Change

Date: _____

Name of Applicant: _____

Address of Applicant

Mailing: _____

Property: _____

Phone: _____

If applicant is not the owner of the property in question, explain. A copy of a pending contract or option agreement must be attached hereto and made a part of this application.

Present Zoning Regulation: (cite Code Section by number and title and describe the provisions)

Proposed Zoning Regulation:

Purpose of requested change and way in which the proposed change will further the purposes of the Zoning Ordinance and general welfare of the community:

Ordinance Provided Yes _____ No _____

Fee Paid Yes _____ No _____ Amount \$ _____

Signature of Applicant: _____

For Town Only:

Amount of Fee: _____ Date Paid: _____

Public Hearing Date: _____

Planning Commission Recommendation:

Approve Deny Date: _____

Town Council Action:

Approve Deny Date: _____

Comments:

Zoning Administrator's Signature