

COUNTY OF HAMILTON – PLANNING & ZONING

APPLICATION TO AMMEND COMPREHENSIVE PLAN, ZONING OR SUBDIVISION REGULATIONS

1. Name of Applicant: _____ Date: _____
2. Address: _____
3. Telephone Number: _____
4. Email: _____
5. Jurisdiction (mark one) County _____ Village _____ (which village?) _____
6. What Document are you requesting to amend – Comp Plan _____ Zoning _____ Subdivision _____
7. Attach a separate piece of paper with Section number you wish to amend and how you want the section to read. Also please submit reasons as to why you believe the section should be amended.

THE ABOVE STATEMENTS AND ACCOMPANYING MATERIAL ARE COMPLETE AND ACCURATE.

Applicant Signature

A FEE OF \$200.00 MUST ACCOMPANY THIS APPLICATION

BOARD ACTION

Planning Commission

Date Legal Notice was Published _____ Date of Hearing _____

Board's Decision – Approve _____ Deny _____

Planning Commission Chair

Date

Governing Body

Governing Body Jurisdiction _____

Date Legal Notice was Published _____ Date of Hearing _____

Board's Decision – Approve _____ Deny _____

Resolution / Ordinance Number _____