**ZONING TEXT AMENDMENT APPLICATION** *For Office Use*

**FOR PARTIES IN INTEREST**Application #

**Contact Information:** Application Fee:

Publication, mailing, and hearing costs are the

Date of Application: responsibility of the applicant and separate from the application fee.

Applicant’s Name(s): Applicant’s Address:

Phone Number: Cell Number: Email:

Agent/Attorney Name: Agent/Attorney/Firm:

Agent/Attorney Phone Number: Email:

**Application History**

Have any previous applications been made for a similar text amendment to the Christian County Zoning Ordinance?

Yes No

If yes, please provide specific details (Date, application number, etc.)

**Interested Party Status**

Please state the basis for your being a “Party in Interest,” as that term is used in Christian County Zoning Code § 1-11-36:

**Text Amendment**

1. Identify the specific section(s) of the Zoning Ordinance sought to be amended, including section number.

2. What is the existing text requested to be eliminated, if any? (The ZBA prefers that the applicant provide a (1) copy of the proposed amendment redlined on top of the existing version of the text, and (2) a clean copy of the proposed new text in proposed final form.)

3. What is the proposed text, if any? (The ZBA prefers that the applicant provide a (1) copy of the proposed amendment redlined on top of the existing version of the text, and (2) a clean copy of the proposed new text in proposed final form.)

4. State the reason(s) for the proposed text amendment(s):

I, the applicant, hereby declare under penalty of perjury that the above information is true and correct to the best of my knowledge. I also certify that I understand that I am responsible for the initial application filing fee due at the time of submission of the application, the costs of notice (including publication and mailing), and court reporter costs at the ZBA hearing.

Applicant’s Signature:

Application’s Printed Name:

Date:

**ZONING ADMINISTRATOR’S RECEIPT**

**Application for Text Amendment by Party in Interest**

Application Number:

A. The Christian County Zoning Administrator certifies the following:

\_\_ that this Application for Text Amendment to the Zoning Code is complete;

\_\_ the initial filing fee has been paid in full; and

\_\_ Applicant has submitted 16 copies of the Application.

B. This application will be transmitted to the ZBA:

\_\_ with comments or recommendation.

\_\_ without comments or recommendation.

Christian County Zoning Administrator Date

Initial ZBA Hearing Date: