



# ZONING MAP AMENDMENT APPLICATION

**Applicant's Name:** \_\_\_\_\_

**Applicant's Mailing Address:** \_\_\_\_\_

**Applicant's Phone Number:** \_\_\_\_\_

**Applicant's Email:** \_\_\_\_\_

**Applicant's Relationship to the Property Owner** (Check the one that applies):

- Owner
- Legal Representative of the Owner (must attach Affidavit of owner's permission for this action)
- Developer (must attach Affidavit of owner's permission for this action)
- Other, specify (must attach Affidavit of owner's permission for this action)

\_\_\_\_\_

**Existing Zoning:** \_\_\_\_\_ **Proposed Zoning:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Tax ID Number:** \_\_\_\_\_ **Acreage/Sq. Ft.** \_\_\_\_\_

**Deed Book and Page Number:** \_\_\_\_\_

**NOTE: The following items must be submitted and checked off in order for this application to be deemed complete. Incomplete applications will not be reviewed or processed.**

Applicant	Zoning Officer	
		A. Legal description of the property.
		B. An accurate diagram of the proposed rezoning showing:
		1. All property lines with dimensions, distances of lot from the nearest intersection, and north arrow.
		2. Adjoining streets with rights-of-way and pavement widths.
		3. Existing location of buildings on lot.
		4. Zoning classification of all adjoining properties (adjoining properties shall be construed to mean and include properties on the opposite side of any street, stream, railroad, road or highway from the property sought to be rezoned).
		5. The names and addresses of all adjoining property owners, as shown on the current records of the Union County Tax Assessor's Office, typed on address labels.

