



# Town of Bartonville

## Application for Zoning Map Amendment

All applications must be submitted in accordance with the Submission Schedule attached hereto.

Applicant (Owner or Agent, Specify): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Owner's Name(s) if different: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Engineer/Surveyor if applicable: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

General Location of Property: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

(Attach Complete Metes and Bounds Description)

Nature and reason for Zoning Change: \_\_\_\_\_

Does this request conform with the adopted Land Use Plan?  Yes  No

I hereby request that the adopted Land Use Plan be changed to: \_\_\_\_\_

Current Zoning: \_\_\_\_\_

I hereby request that the Zoning Designation be changed to: \_\_\_\_\_

*(If a PD is proposed, submit PD Application)*

I hereby certify that the information concerning this proposed zoning change is true and correct and that I am the owner of record or the authorized<sup>1</sup> for the owner of the above described property.

\_\_\_\_\_  
Signature of Applicant/Owner

\_\_\_\_\_  
Date

### STAFF USE ONLY:

Date Submitted: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Accepted By: \_\_\_\_\_

Check No. : \_\_\_\_\_

P& Z Public Hearing: \_\_\_\_\_

Metes & Bounds Attached:  Yes  No

Council Public Hearing: \_\_\_\_\_

Notarized Statement:  Yes  No  N/A

<sup>1</sup> A NOTARIZED statement that authorizes the agent to represent the owner(s) in this matter must be attached to this application.