



REQUEST NO: _____

Administrative Changes to the Zoning District Lines Request Form

The following information is to be completed by the applicant – typewritten or printed.

Applicant's Name: _____

Applicant's Address: _____

Applicant's Contact Phone: _____

Property address or location: _____

Tax Account # _____ Tax Map ____ Block ____ Parcel(s) _____

Name, Address & Tax Account # of all owners of the property directly impacted by the proposed line adjustment:

	NAME	ADDRESS	TAX ACCOUNT#
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Detailed description outlining the specifics of the administrative change to zoning district line:

More accurate parcel information as indicated by the attached survey or:

Other _____

Supporting documents provided: Survey Plat – digital file & a paper copy

Recorded Plat –digital file & a paper copy Site Plan- digital file & a paper copy

Other _____

Applicant Signature

Date

To be completed by Research/GIS Division of the OPZ

Date all information received _____ More infor. requested: _____

Date notice mailed to impacted property owners: _____

Date comments received: Zoning _____ LRP _____

Date change approved: _____ Change denied: _____

Date change to digital zoning map completed: _____