

REZONING | AMENDMENT APPLICATION

FEE \$200.00 Made payable to Lincoln County Planning & Zoning. Applicant is responsible for certified notices. Planning Dept. will supply information for notifications.

GENERAL REVIEW REQUIREMENTS:

- A. The regulations, restrictions, and boundaries set forth in the resolution may from time to time be amended, supplemented, changed, or repealed by the Lincoln County Commission.
- B. Any member of the County Commission may introduce such legislation, or any official, board, or any other person may present a petition to the County Commission requesting an amendment or amendments. Amendments must be in relation to the Lincoln County Plan and the general welfare of the county.
- C. No change or departure from the text or maps as certified by the Planning Commission shall be made, unless such change or departure be first submitted to the Planning Commission.
- D. No amendment shall be adopted unless it shall have been proposed by or shall first been submitted to the Planning Commission for review and recommendation. The Planning Commission shall have **thirty-five (35) days** within which to submit its report. If the Planning Commission fails to submit a report within the thirty-five day period, it shall be deemed to have approved the proposed amendment.
- E. Before finally adopting any such amendment, the County Commission shall hold a public hearing thereon, at least **fifteen (15) days** notice of the time and place of which shall be given by at least **one (1) publication** in a newspaper of general circulation in the County.

APPLICANT TO COMPLETE THIS AREA: (PLEASE PRINT)

DATE: _____ APPLICANT: _____

PHONE: _____ EMAIL: _____

APPLICANT MAILING ADDRESS:

(STREET ADDRESS) (CITY) (ST) (ZIP)

REZONING COMPLETE THE FOLLOWING

(Below is for the purpose of requesting a change within the current zoning maps as certified by the Planning Commission)

NOTE: REZONING REQUESTS MAY ONLY BE REQUESTED BY CURRENT PROPERTY OWNER.

CURRENT ZONING DISTRICT: _____ TAX MAP #: _____ GROUP: _____ PARCEL: _____

REQUESTED ZONE: _____

(STREET ADDRESS) (CITY) (ST) (ZIP)

AMENDMENT TO ZONING RESOLUTION COMPLETE THE FOLLOWING

(Below is for the purpose of requesting an amendment to the regulations and, restrictions set forth in the Zoning Resolution)

REQUESTED AMENDMENT - SECTION _____ OF ZONING RESOLUTION

COMPLETE BELOW FOR EITHER REZONING OR AMENDMENT REQUESTS

DESCRIBE THE REASON FOR THIS REZONING OR AMENDMENT : (Use additional sheets if necessary)

APPLICANT'S SIGNATURE _____ / _____ DATE