

**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restrictions, and boundaries set forth in the resolution may from time to time be amended, supplemented, changed, or repealed by the Lincoln County Commission.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