



TEXT AMENDMENT APPLICATION

All fees and information must be complete to initiate processing of the application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Email _____

REQUESTED SPONSOR (circle one)

Mayor & Council Planning Commission Zoning Coordinator Property Owner

This change involves the Town of Galena Zoning Ordinance and Zoning District Map of Galena

Article _____

Part _____

Section _____

Of the Town of Galena Zoning Ordinance & Zoning District Map of Galena, Maryland 2020

REASON FOR REQUEST

SUBMISSION REQUIREMENTS (check that applies)

____ Draft Ordinance of Proposal Change

____ Supporting Document (optional)

Applicant Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Application Fee: _____ **Payment Method:** _____

Received By: _____

Date: _____

Date Submitted to Mayor & Council: _____

Date Mayor & Council request recommendations from Planning Commission: _____

Date received recommendation from Planning Commissioners: _____

Date Mayor & Council submit recommendation: _____