

1025 MEADE ST • 605-269-2247

CITY OF WHITEWOOD

ZONING APPLICATION

ZONING ORDINANCE AMENDMENT

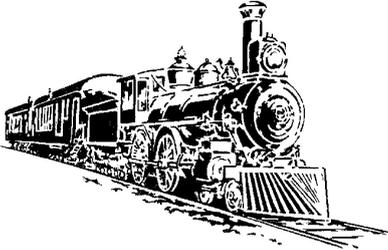
**ZONING ORDINANCE AMENDMENT (TEXT CHANGE) PROCEDURE:
THE FILING FEE FOR AN ORDINANCE AMENDMENT IS \$100.00. (NON-REFUNDABLE)**

1. DISCUSS THE PROPOSED TEXT AMENDMENT WITH THE BUILDING INSPECTOR AND THE WHITEWOOD PLANNING COMMISSION

2. COMPLETE THE APPLICATION, SIGN AND RETURN WITH PAYMENT TO THE CITY FINANCE OFFICE.

3. PROVIDE A DRAFT OF THE PROPOSED TEXT AMENDMENT(S) ON THE APPLICATION.)

4. UPON SUBMITTAL OF THE ABOVE ITEMS, STAFF WILL PROVIDE YOU WITH THE DATES AND TIMES OF THE FOLLOWING MEETINGS: (THESE DATES ARE SUBJECT TO CHANGE)
 PLANNING COMMISSION REVIEW AND RECOMMENDATION MEETING: (4TH WEDNESDAY)
 CITY COUNCIL PUBLIC HEARING: (1ST AND 3RD MONDAY)



CITY OF WHITEWOOD ZONING APPLICATION ZONING ORDINANCE AMENDMENT

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PETITIONER: _____

ADDRESS: _____

PHONE: _____

AUTHORIZED AGENT: _____

ADDRESS: _____

PHONE: _____

REQUESTED CHANGE OF ORDINANCE: SECTION(S): _____

EXISTING TEXT: SECTION _____

PROPOSED TEXT: SECTION _____

REASON FOR AMENDMENT: _____

REASON FOR AMENDMENT: _____

ZONING DISTRICT(S) TO BE INCLUDED IN AMENDMENT: GR1 GR2 LC/O HS IND GOVT PR

THE OWNER, APPLICANT, OR AUTHORIZED AGENT, ACKNOWLEDGES: THAT HE/SHE HAS READ AND RECEIVED A COPY OF THE INSTRUCTION SHEET AND THIS APPLICATION FORM CONCERNING THE FILING AND HEARING OF THIS MATTER; THAT HE/SHE AUTHORIZES THE CITY OF WHITEWOOD STAFF AND DESIGNEES TO ENTER ONTO AND INSPECT THE ABOVE-DESCRIBED PROPERTY; AND THAT HE/SHE HAS BEEN ADVISED OF THE \$100 FEE REQUIREMENTS AND THEY HAVE BEEN PAID.

APPLICANT SIGNATURE: _____ DATE: _____

OWNER SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

PLANNING/ZONING MEETING: _____ DATE OF PUBLICATION: _____
 APPROVED REJECTED

CITY COUNCIL MEETING: _____ DATE OF PUBLICATION: _____
 APPROVED REJECTED

APPLICATION FEE PAID: _____ CHECK# _____

ADMIN OFFICAIL: _____ DATE: _____