



Planning & Zoning Department
200 Jackson St., Fairmont WV 26554
Phone (304) 366-6211, Ext 333

APPLICATION FOR PROPOSED ZONING CODE TEXT AMENDMENT

Office Use

Date Received _____ Fee _____ Date to Set _____ Public Hearing _____

I. APPLICANT

APPLICANT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

II. NARRATIVE—Note the section you wish to be amended (i.e. Sect. 3.4.a.i) _____

PRESENT TEXT

PROPOSED TEXT

REASON FOR AMENDMENT

WHY IS THE PROPOSED AMENDMENT CONSISTENT WITH THE COMPREHENSIVE PLAN?

IS THE PROPOSED AMENDMENT NECESSARY BECAUSE OF CHANGED OR CHANGING CONDITIONS IN THE PHYSICAL AREA(S) AND ZONING DISTRICT(S) AFFECTED? _____

IF YES, HOW?

DO RESTRICTIVE COVENANTS APPLY TO THIS SUBDIVISION OR PROPERTY? _____

IF YES, HAS A WAIVER BEEN GRANTED ?

SIGNATURE OF APPLICANT/AGENT

DATE

You or a representative MUST be present at the scheduled hearing to present the request and answer questions. Failure to appear at the hearing will result in your request being tabled.