

COUNTY OF SEWARD – PLANNING & ZONING

APPLICATION TO AMMEND COMPREHENSIVE PLAN, ZONING OR SUBDIVISION REGULATIONS

1. Name of Applicant: _____ Date: _____
2. Address: _____
3. Telephone Number: _____
4. Email: _____
5. What Document are you requesting to amend? ___ Comprehensive Plan ___ Zoning
6. Attach a separate piece of paper with Section number you wish to amend and how you want the section to read. Also please submit reasons as to why you believe the section should be amended.

THE ABOVE STATEMENTS AND ACCOMPANYING MATERIAL ARE COMPLETE AND ACCURATE.

Applicant Signature

A FEE OF \$300.00 MUST ACCOMPANY THIS APPLICATION

BOARD ACTION

Receipt # _____

Planning Commission

Date Legal Notice was Published _____ Date of Hearing _____

Board's Decision – Approve ___ Deny ___ More Research Needed ___

Planning Commission Chair

Date

Board of Commissioners

Governing Body Jurisdiction _____

Date Legal Notice was Published _____ Date of Hearing _____

Board's Decision – Approve ___ Deny ___

Resolution / Ordinance Number _____