



**CLINTON COUNTY
RURAL ZONING COMMISSION
ZONING RESOLUTION TEXT CHANGE**

OFFICE USE ONLY

Date Filed _____ Application No. _____

Hearing Date _____

APPLICANT INFORMATION

Applicant Name _____

Email _____ Phone _____

Address _____

REQUEST FOR LANGUAGE CHANGE

Existing text and section in CCZR _____

Proposed text _____

Attach any additional information.

JUSTIFICATION FOR LANGUAGE CHANGE

Attach any additional information.

APPLICANT AGREEMENT

By submitting this application the applicant agrees to appear at the public hearing on the scheduled date and acknowledges that failing to appear may result in denial of the application. Fees must be paid one week before the public hearing. Applicant acknowledges a Public Hearing Notice must be published in a newspaper and agrees to pay the cost of such publication in addition to the filing fee for this application prior to being heard before the Board. Fee \$200 plus Legal Notice fee.

Signature

Date