



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

OFFICE USE ONLY

Date Filed _____ Application No. _____

Hearing Date _____

OWNER INFORMATION

Owner Name _____

Email _____ Phone _____

Address _____

REQUEST FOR MAP CHANGE (RE-ZONE)

Property Address _____

Parcel ID _____

Existing Zoning District _____

Proposed Zoning District _____

JUSTIFICATION FOR MAP CHANGE

Attach any additional or supporting 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