



ZONING AMENDMENT CHECKLIST

Staff	Applicant	
<input type="checkbox"/>	<input type="checkbox"/>	Land Development Application completed and signed by applicant and property-owner.
<input type="checkbox"/>	<input type="checkbox"/>	Fees All applicable filing fees.
<input type="checkbox"/>	<input type="checkbox"/>	Authorized Representative Form if applicant is not the property-owner.
<input type="checkbox"/>	<input type="checkbox"/>	Property Ownership Disclosure. The disclosure of ownership must be dated within two (2) months of the application submittal.
<input type="checkbox"/>	<input type="checkbox"/>	Certification of Title and Title Report including Schedules A&B
<input type="checkbox"/>	<input type="checkbox"/>	List of Property Owner within 300 feet of the subject property
<input type="checkbox"/>	<input type="checkbox"/>	Public Notices and affidavit of posting (if notice requires posting)
<input type="checkbox"/>	<input type="checkbox"/>	Utility Approval and Verification Form
<input type="checkbox"/>	<input type="checkbox"/>	Pre-Application Conference Statement describing the proposed rezoning request, including:
<input type="checkbox"/>	<input type="checkbox"/>	A copy of the Summary Letter provided by the Administrator and how issues discussed at the meeting were addressed.
<input type="checkbox"/>	<input type="checkbox"/>	Specific reasons for the rezoning
<input type="checkbox"/>	<input type="checkbox"/>	Mitigation of impacts if zoning amendment proposes a greater intensity of land use or increased demands on services.
<input type="checkbox"/>	<input type="checkbox"/>	Assessment of demands on transportation, water, sewer, schools, emergency services, police, parks and recreation, medical, and library.
<input type="checkbox"/>	<input type="checkbox"/>	Additional materials deemed necessary by Staff to determine the impact of the proposed rezoning will have on the health, safety and welfare of the Town.

PROJECT INFO

Project Name: _____

Project Location: _____

Project Summary: _____