



CHANGE OF ZONING DISTRICT OR ZONING TEXT AMENDMENT APPLICATION



Current Zoning District: _____

Proposed Zoning District: _____

Address: _____

Tax Map Book: _____

Page: _____

Parcel I.D.: _____

SPONSORS

	Owner (s)	Applicant (if not owner)	Site Plan Professional
Name (s)			
Address			
City			
State/Zip			
Telephone			
Cell Phone			
Fax			
E-mail			

ZONING TEXT AMENDMENT (SEE ATTACHED)

Sections(s) to Amend: _____

Reason Proposed: _____

I (we) as property owners, request this Rezoning request. I (we) affirm the information provided is complete and accurate. Further, I (we) hereby grant permission to the City of Fairborn to post a notice sign on my property while this application is under consideration.

Ownership by Individual _____
Signature

Signature

Ownership by Corporation _____
Signature

Title

Signature

Title

FOR INTERNAL USE ONLY

- Application Received:** _____
- Copy of Deed**
- Review Meeting**

- 10 Copies of Preliminary Plat**
- Resubmitted Drawings**
- Planning Board Meeting**