

**OFFICIAL APPLICATION OF THE CITY OF PARKERS CROSSROADS'S
MUNICIPAL PLANNING COMMISSION / BOARD OF ZONING APPEALS**

Due fifteen (15) days prior to Planning Commission/BZA meeting

General Information:

Name of Applicant (s) _____

Address _____ Phone _____

Name of Property Owner (if not applicant) _____

Nature of Application: (check one)

Request Text Amendment to the Subdivision Regulations/Zoning Ordinance
Amendment to Chapter _____, Section _____, Subsection _____

Request Map Amendment to the Zoning Map
Tax Map Number _____ Group _____ Parcel Number _____
Property Address _____
Present Zoning Classification _____
Proposed Zoning Classification _____

Request a Hearing before the Board of Zoning Appeals (check one)
 Interpretation of Zoning Resolution Variance Special Exception

Request Special Called Planning Commission Meeting: Date? _____

Submission of Subdivision Plat/Site Plan for Review
Name of Development _____
Zoning Classification _____ Property Address _____
Tax Map Number _____ Group _____ Parcel Number _____

Applicant Remarks/Explanation: _____

Signature of Applicant (s) _____ Date _____

Other Information: (This section completed by City Staff only)

Fees Due \$ _____ Fees Paid \$ _____

Application/Fees accepted by _____ (initial) Date _____