**APPLICATION TO AMEND THE ZONING CODE WITHIN THE CITY OF SIDNEY**

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| The undersigned hereby makes an application to re-zone [ ]  or amend [ ]  the Sidney Zoning Ordinance as set forth herein. |
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|  |  |  |
| Name of Applicant: | Type Name Here |  |
| Address of Applicant: | Type Address Here |
| Phone Number of Applicant: | Type Phone Number Here |
|  |  |
| If the request is for a change in Zoning Classification, complete the following: |
| 1. Preset Zoning:
 | Type Text Here | Proposed Zoning: | Type Text Here |
| 1. Legal Description of the land to be rezoned:
 | Legal Description |
| 1. Re-zoning request if for the following reason:
 | Rezoning Reason |
|  |
| If the request is for a change to the text, complete the following: |
| 1. Text to be changed is found in Section:
 | Section | Page: | Page. |
| 1. Change text to read:
 | Type Text Here |
| (use additional pages if necessary) |
| 1. Explain the reason for proposed change:
 | Type Reason Here |
| (use additional pages if necessary) |
|  |
| In addition to the above, submit a plot plan drawn to scale on paper not larger than 11” x 17” which includes all existing and proposed structures and proposed variance measurements, a list of names, mailing addresses, and labels of all property owners within 300ft of the subject property and a **$300 filing fee. The application will not be considered complete until all information is submitted.** |
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|  |  |
| Applicant Signature |
|  |
| For Office Use Only |
|  |  |  |  |
| Date Filed: |  | Filing Fee: |  |
|  |
| Zoning Commission: |  | Action Taken: |  |
| Council Hearing: |  | Action Taken: |  |
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