



CITY OF COOLIDGE

ZONING CODE AMENDMENT APPLICATION

Case No _____

Date Filed _____

Filing Fee _____

Received by _____

Approved/Denied _____

OFFICE USE ONLY

◆ APPLICANT INFORMATION:

Applicant Name: _____ Phone number: _____

Applicant Address: _____

◆ ZONING CODE SECTIONS TO AMEND:

◆ PROPOSED AMENDMENT TEXT:

◆ **REASON FOR REQUEST:**

◆ **INSTRUCTIONS FOR FILING:**

The following items must be submitted with the application at the time of filing in order for the request to be complete. **All completed applications must be filed thirty (30) days prior to the Planning & Zoning Commission meeting with no exceptions.** An incomplete application will not be scheduled for hearing and will be returned to the applicant.

_____ Filing Fee

_____ Description of proposed amendment

◆ **ACKNOWLEDGMENT:**

I acknowledge that the information I have given on this application and the accompanying documents to be true and accurate.

Signature of Petitioner