TOWN OF EAGAR GENERAL PLAN MAJOR AMMENDMENT APPLICATION

(REFER TO THE TOWN OF EAGAR GENERAL PLAN PAGE 20)

Permit No	
Name of Applicant:	
Address:	
Telephone: ()	Date:
	the General Plan that the major amendment
2. Describe the in detail the propos	ed amendment:
, 	
	plats for proposed development that affect
4. Filing Fee:250.00	_ Date Paid:
5. Signature of Applicant:	Date:
6. Zoning Administrator:	Date:
7. Application shall be forwarded to the	e planning and Zoning Commission on:
(Date)	(Time)
S	nent and the date of the meeting at which it he official newspaper of the Town at least 15

ACTION BY PLANNING AND ZONING COMMISSION

1. Public Hearing held: (Date)	
Official Publication made:	
2. Action:	
a. Recommend approval: Date: _	
b. Recommend approval With th	
b. Recommend approval with the	cronowing conditions of changes.
	Date:
c. Recommend denial, Reason for	
	Date:
d. Application neither recommen	
what action was taken, date, reaso	ons, and date at which further action
3. Application forwarded to the Town Coun	
(Date) (Place)	(Time)
Signature of P&Z Chairperson:	Date:
ACTION OF THE TO	OWN COUNCIL
1. Meeting held: (Date)	
2. Action: An amendment to the General Pla vote of at least two-thirds of the legislative be	
a. Approval Date:	
b. Approval with the following cond	litions or changes:
c. Denial. Reason for denial:	
d. Application neither approved not taken, date, reason, and date at which	_
Signature of Mayor D	Date