

**TOWN OF EAGAR
ORDINANCE AMENDMENT
APPLICATION**

(REFER TO CHAPTER 18.80 OF THE ZONING ORDINANCE)

Permit No. _____

Name of Applicant: _____

Address: _____

Telephone: (____) _____ Date: _____

1. Section of Zoning Ordinance which request to amend is being made:

2. Reason for request of amendment or zoning change: _____

3. Attachments: Copy of proposed amendment

4. Filing Fee: 250.00 _____ **Date Paid:** _____

5. Signature of Applicant: _____ **Date:** _____

6. Zoning Administrator: _____ **Date:** _____

7. Application shall be forwarded to the planning and Zoning Commission on:

(Date) _____ (Time) _____

(Place) _____

Legal Notice and nature of the Amendment and the date of the meeting at which it will be considered will be published in the official newspaper of the Town at least 15 days prior to the meeting.

ACTION BY PLANNING AND ZONING COMMISSION

1. Public Hearing held: (Date) _____
Official Publication made: _____

2. Action:

_____ a. Recommend approval: Date: _____
_____ b. Recommend approval with the following conditions or changes:

_____ Date: _____

_____ c. Recommend denial, Reason for denial: _____

_____ Date: _____
_____ d. Application neither recommended for denial or approval, explain
what action was taken, date, reasons, and date at which further action
will be taken: _____

3. Application will be forwarded to the Town Council for consideration on:
(Date) _____ (Place) _____ (Time) _____

Signature of P&Z Chair: _____ Date: _____

ACTION OF THE TOWN COUNCIL

1. Meeting held: (Date) _____ Public Hearing? _____
Legal Notice Published: _____

2. Action: If a petition opposing the proposed amendment is filed in accordance
with Chapter 18.80.100 the required votes for passage shall be 3/4 of the voting
Town Council. Has petition been filed? _____ Date: _____

_____ a. Approval Date: _____
_____ b. Approval with the following conditions or changes: _____

_____ c. Denial. Reason for denial: _____

_____ d. Application neither approved nor denied. Explain what action was
taken, date, reason, and date at which further action will be taken: _____

Signature of Mayor

Date