



CITY OF GREEN RIVER ZONING MAP AMENDMENT APPLICATION

City Use Only:

Date Received _____ File Number: _____

Payment Information:

Amount Received: _____ Received by: _____

Cash or Check Number: _____ Receipt Number: _____

Date Certified as Complete Application: _____ By: _____

A. PROPERTY ADDRESS: _____

(NOTE: IF THE PROPERTY DOES NOT HAVE AN EXISTING ASSIGNED ADDRESS, LEGAL DOCUMENTATION OF THE LOCATION MUST BE SUBMITTED – i.e. Property Tax ID Number, Legal Description, etc.)

B. CONTACT INFORMATION:

NOTE: The City of Green River will only send correspondence to the names and mailing addresses provided on this application. Attach a separate sheet if necessary.

Petitioner Information:

Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

Property Owner Information:

Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

Engineer / Architect Information:

Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

C. ANSWER THE FOLLOWING (attach a separate sheet if necessary):

1. Existing Land Use Plan Map Designation: _____
2. Existing Zoning Map Designation: _____
3. Requested Zoning Map Designation: _____
4. Square footage and/or acreage of property to be rezoned (if rezoning to multiple zoning districts, will need to provide acreage of each proposed new zoning district): _____
5. Lot Dimensions (if property contains existing lots): _____
6. Current and Proposed Use of Land: _____

7. Explain why your amendment will be for the good of the whole community and not solely for the good or benefit of a particular landowner or owners at a particular point in time. _____

8. Explain why your amendment will not adversely impact existing land use patterns. _____

9. Explain why your amendment will not affect the livability of the area or the health and safety of the residents. _____

D. SUBMITTAL REQUIREMENTS:

The following shall be submitted with the application at the time of filing in order for the petition to be complete and scheduled for public hearing with the Planning and Zoning Commission. An incomplete application will not be scheduled for hearing and shall be returned to the applicant.

- _____ Filing Fee (\$200.00)
- _____ Accurately drawn map and legal description of property requested for rezoning. If rezoning to multiple zoning districts, a legal description for each created zoning district shall be provided. A survey may be required.
- _____ Legal description for property in Word format submitted either via disk or emailed to: Ajcox@cityofgreenriver.org.
- _____ Petitioner shall post the property within 15 days of the first public hearing. Sign shall state the nature of the request and time and date of the public hearings. The sign will be provided at the time of the application submittal.

F. SIGNATURE REQUIRED:

I acknowledge that I have read and understand this application and the pertinent Zone Change regulations (Chapter 13 of Appendix B of the Green River Code of Ordinances. I further agree if the zone change is approved, I will comply with all pertinent regulations and conditions as set forth by the City of Green River. I certify that the information provided with this application is true and correct.

All petitioners must sign this application. Attach a separate sheet if necessary.

Signature of Petitioner _____

Date _____

Signature of Owner _____

Date _____