

**TOWN OF LIBERTY
APPLICATION FOR ZONING MAP AMENDMENT**

Applicant _____

Applicant's Address _____

Applicant's Phone Number (_____) _____ - _____

A seventy-five dollar (\$75.00) filing fee is required for any amendment.

PROVIDE ANSWERS AND OR INFORMATION AS REQUIRED BELOW:

The changed or changing conditions, if any, in the jurisdiction of the Town of Liberty generally, which make the proposed amendment reasonably necessary to the promotion of the public health, safety and general welfare.

The manner in which the proposed amendment will carry out the intent and purpose of the adopted Land Development Plan.

All other circumstances, factors and reasons which applicant offers in support of the proposed amendment.

Property Owner's Name _____

Title to the property was acquired _____, 199____

The Deed is recorded in Deed Book _____, on Page _____

The Randolph Co. Parcel Identification (PIN)# _____

Subdivision _____, Section _____, Lot # _____

Plat Book _____ Page _____

Liberty Zoning Ordinance

Exact Location of Property (Plat Reference or Street Address)

Area of Property (sq. ft or acres) _____

Present Zoning District _____ Requested Zoning District _____

Attach a fully dimensioned map, at a scale of not more than 200 feet to the inch, showing the land which would be covered by the proposed amendment.

Attach a legal description of such land.

Attach a list of all adjoining property owners, including across any streets or roads.

Applicant signature: _____ Date: _____

Received and found complete by: _____ Date: _____