



**TOWN OF LIBERTY
APPLICATION FOR ZONING TEXT
Or
TABLE OF USES AMENDMENT**

Applicant _____

Applicant's Address _____

Applicant's Phone Number (____) _____ - _____

A **\$100.00** filing fee is required for any amendment.

Provide answers and or information as required below:

The alleged error or omission in the Text or Table of Uses that is requested to be amended.

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.

Applicant signature: _____ Date: _____

Received and found complete by: _____ Date: _____