



**APPLICATION FORM
ZONING MAP AMENDMENT**

Planning & Zoning Department
200 Jackson St., Fairmont WV 26554
Phone (304) 366-6211, Ext 333

<i>Office Use</i>		
Date Received _____	Hearing Date _____	Fee Paid _____

I. OWNER INFORMATION

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____

II. PROPERTY INFORMATION

PROPERTY TO BE REZONED _____
PROPERTY ADDRESS _____
PROPERTY TAX MAP AND PARCEL NO. _____
PRESENT ZONING DISTRICT _____
PROPOSED ZONING DISTRICT _____
REASON(S) FOR PROPOSED ZONING CHANGE _____

CURRENT USE OF PROPERTY _____
DATE PRESENT USAGE ESTABLISHED _____
PROPOSED USE OF PROPERTY _____

IV. ATTEST

I hereby certify that I am the owner of record of the named property, or that this application is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of this jurisdiction, whether specified herein or not. I certify that I have read and examined this document and know the same to be true and correct. The undersigned has the power to authorize and does hereby authorize City of Fairmont representatives on official business to enter the subject property as necessary to process the application and enforce related approvals and conditions.

Print Name of Applicant

Signature of Applicant

Date