Print Form

DATE FILED: Requires Planning Dept. Date Stamp

APPLICATION FOR CHANGE IN
ZONE DISTRICT BOUNDARIES **(Rev. 1-08)**
PURSUANT TO THE KINGS COUNTY ZONING ORDINANCE
(Please print with ink or type)

CZDB NO. _____-_____

TO THE KINGS COUNTY PLANNING COMMISSION:

PART A: APPLICANT CERTIFICATION:

I hereby certify that the statements furnished in this application and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. I hereby certify that I am the owner of said property, or authorized agent of the owner of said property; or, that I am the employee or agent of _____ which is a public utility company or other agency with the powers of eminent domain, and that I am authorized to act in their behalf, and that this application, to the best of my knowledge and belief, is true and correct. **When filing is done by mail or signatures are not witnessed by Planning Department Representative, signatures must be notarized.**

APPLICANT: _____ ; **DATE:** _____ 20 _____;
(Signature)

Print Name: _____

Address: _____, City: _____, State: _____ Zip: _____

Phone No.: (_____) _____; Cell Phone No. _____ FAX No.: (_____) _____

PART B: **PROPERTY OWNER CERTIFICATION:** **(To be completed if the applicant is not the property owner)**

I hereby certify that the applicant is authorized by me to make this application for the change of zone district boundaries on my property. **When filing is done by mail or signatures are not witnessed by Planning Department Representative, signatures must be notarized.**

PROPERTY OWNER: _____; **DATE:** _____ 20_____;
(Signature)

Property Owner's Name (if different from Applicant):_____

Address: _____, City: _____, State: _____ Zip: _____

Phone No.: (_____) _____; Cell Phone No._____ FAX No.: (_____) _____

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