

**WOLCOTT PLANNING AND ZONING DEPARTMENT
PETITION FOR AMENDMENT TO ZONING REGULATIONS
OR AMENDMENT TO ZONING MAP**

DATE _____

APPLICATION # _____ FEE PAID \$ _____

APPLICATION INFORMATION FOR MAP OR TEXT CHANGES:

1. Applicant's Name : _____ Phone _____

2. Applicant's Address: _____

FOR MAP CHANGES, PLEASE SUPPLY ADDITIONAL INFORMATION BELOW:

1. Owner of Record:

2. Owner's Address: _____ Phone _____

3. Address of Property: _____

4. Assessor's Map No.: _____ Parcel No.: _____

5. Existing Zoning District _____

6. Proposed Zoning District _____

7. Area of Zone Change _____

8. Has a previous zone change been requested for this property? _____
If so, when? _____

I hereby certify that the above information is correct and that I have submitted herewith all of the pertinent documentation required by the Regulations.

Signature of Applicant

Signature of Owner