

Zoning Text Amendment

Date: _____

File #: _____

- Please submit check in the amount of **\$150.00** payable to The City of Pooler.
- Type or print and attach additional sheets if necessary to fully answer any of the following sections.

General Information

1. Name of owner/authorized agent: _____
2. Address of owner/authorized agent: _____
3. Telephone number of owner/agent: _____
4. Have any previous applications been made for a text or map amendment affecting these same premises? ___ Yes *or* ___ No
5. If yes, give file number, date and action taken: _____
(If exact file number, date or action is not known, please give approximate date of previous application.)

Action Requested

Information Required:

1. Is action requested a text amendment change: _____
2. List articles and all sub titles to which this change or amendment will apply: _____

3. Give present wording of ordinance: _____

4. Give wording to which Amendment is to be changed: _____

Reasons and Certifications

(Required for all amendments)

- _____

Date Received

Zoning Administrator

Action taken: _____

Date action taken: _____

Owner's or authorized agent's signature

Notary Public

