

PERMIT # \_\_\_\_\_ DATE \_\_\_\_\_ APPROVED \_\_\_\_\_

RECEIPT \_\_\_\_\_ CHECK # \_\_\_\_\_ **FEE: \$310.00**

**TOWN OF MIDDLEFIELD  
PLANNING AND ZONING COMMISSION**

**PETITION FOR ZONE CHANGE AND/OR AMENDMENT TO ZONING REGULATIONS**

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Record Owner: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

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**AMENDMENT TO ZONING BOUNDARY**

1. Existing Zone: \_\_\_\_\_ Proposed Zone: \_\_\_\_\_
2. Approximate Number of Acres in Zone Change: \_\_\_\_\_
3. Assessor's Map No.: \_\_\_\_\_ Block No.: \_\_\_\_\_ Lot No.: \_\_\_\_\_
4. \*\*\*\*\* Attach Map Showing Dimensions of the Perimeter Boundaries \*\*\*\*\*
5. Legal Description of Proposed Change: \_\_\_\_\_

\_\_\_\_\_ (attach additional page(s) if needed)

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**AMENDMENT TO ZONING REGULATIONS**

1. Text of Proposed Amendment: \_\_\_\_\_

\_\_\_\_\_ (attach additional page(s) if needed)

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Date: \_\_\_\_\_

Applicant's/Owner's Signature

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(For use by Planning and Zoning Commission)

Date Received: \_\_\_\_\_ Date of Public Hearing: \_\_\_\_\_