

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: _____

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)

AMENDMENT TO ZONING REGULATIONS

1. Text of Proposed Amendment: _____

(attach additional page(s) if needed)

Date: _____

Applicant's/Owner's Signature

(For use by Planning and Zoning Commission)

Date Received: _____ Date of Public Hearing: _____