

<b>PERMIT #</b> _____	<b>DATE</b> _____	<b>APPROVED</b> _____
<b>RECEIPT</b> _____	<b>CHECK #</b> _____	<b>FEE</b> _____

**TOWN OF MIDDLEFIELD  
PLANNING AND ZONING COMMISSION**

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

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

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

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: \_\_\_\_\_