

Planning & Zoning Commission
Mount Airy, Maryland
Application for Text Amendment
To zoning ordinance

To be filled in by the Planning and Zoning Commission

Change No.: _____

Date Filled: _____

Fee Paid: _____

Hearing Dates:

Planning Commission: _____ Time: _____

Other: _____ Time: _____

To be filed with attachments in duplicate with the _____

(Approving Body)

Name of Applicants:

Address:

Herby makes application for an amendment to the Zoning Ordinance as follows:

Note: Show proposed deletions in parentheses, and new wording in caps.

Section No. _____

Attorney (s) for Applicant (s)

Signature of Applicant (s)

Address (es)

Phone Number: _____

Fax Number: _____