

Zoning Amendment Application

City of Seneca

Planning & Community Development

Amendment # _____

Date: _____

Property Owner: _____
Owner Address: _____

Owner Phone Number: _____
Applicant: _____
Applicant Address: _____

Applicant Phone Number: _____
Property Interest: _____
Property Location: (a plat must accompany this application)

Do Not Write In This Space
Advertised: _____
Public Hearing: _____
Receipt #: _____
Property Posted: _____
Fee Paid: _____
Application Taken By: _____

Tax Map Number: _____ Lot Area: _____
Present Zoning: _____ Requested Zoning: _____
Property Characteristics: _____

Frontage on Public Road: _____ Water Available? Yes No Sewer Available? Yes No
Current Use of Property: _____
Proposed Use of Property: _____

Has any application involving this property been considered previously by the Seneca Planning Commission or Zoning Board of Adjustments? If yes, please state details.

Reasons for request and any supporting information:

Property Owner's Signature : _____ Date: _____

Approved Date: _____ Chairman _____
Disapproved Planning Commission
City Council Approved Disapproved Date: _____