Zoning Amendment Application

City of Seneca

Planning & Development

Date:	Fee Due: \$50
Property Tax Map #:	For Zoning Official Use
Property Owner(s):	Amendment #:
Owner(s) Address:	Accepted By:
	Advertised: □Yes □No Property Posted: □Yes □No
Owner(s) Phone #:	
Owner(s) Email #:	
Applicant(s) Name:	
Applicant(s) Address:	City Council Americand Voc No.
Applicant(s) Phone #:	Applicant(s) Email:
Applicant(s) Interest in Property:	
Present Zoning:	Requested Zoning:
Current Use of Property:	
	Lot Area:
Frontage on Public Road: ☐ Yes ☐ No Water Av	vailable: ☐ Yes ☐ No Sewer Available: ☐ Yes ☐ No
Has any application involving this property been previously of Appeals? ☐ Yes ☐ No (If yes, please provide details I	considered by the Seneca Planning Commission or Zoning Board below.)
Reason(s) for annexation request and any supporting inform	nation:
contrary to, conflict with, or prohibit the permitted activity Applicant(s) Signature:	or restrictive covenants that apply to this property which are being requested or appealed. Date:
I (we) certify that I (we) are the free holder(s) of the propert the individual(s) signing as the applicant(s) to represent me	ty(s) involved in this application and further that I (we) designate (us) in this Annexation.
Owner's Signature:	Date:
	Date:
For Planning Commission Use:	enied Date:
Signature of the Chairman, Planning Commission:	