



Municipal Planning Commission

Application for Zoning Ordinance Text Amendment

Bill #: _____

Hearing Date: _____

Applicant Information	Proposed Change to the Zoning Ordinance
Name:	
Address:	
Phone:	
Agent Name, Address and Phone Number: (if other than applicant)	Applicable section of the Zoning Ordinance:

IMPORTANT: This application must be typed or legibly printed and filed with the Planning Department in person or by mail to 915 Quarrier Street, Suite 1 Charleston, WV 25301. The following items must accompany this application: 1) a Bill sponsored by a member of City Council that follows the format in the sample Bill provided; 2) \$125.00 filing fee in the form of a check or money order made payable to the City of Charleston. In addition, you or your representative must be present at the scheduled public hearing in order to present your request and answer questions. THE PLANNING DEPARTMENT WILL NOT ACCEPT ANY INCOMPLETE APPLICATIONS.

In what way is the requested text amendment to the Zoning Ordinance of the City of Charleston consistent with the purposes and intent of the Comprehensive Plan of the City of Charleston? _____

I hereby affirm that all of the statements and information contained in or filed with this application are true and correct to the best of my knowledge.

Signature

Date

Planning Department Use Only	
Comments:	
Application reviewed by:	
MPC Action: <input type="checkbox"/> Recommended	<input type="checkbox"/> Not recommended
City Council Action: <input type="checkbox"/> Approved	<input type="checkbox"/> Rejected Date
Planning Official Signature and Title	Date

