



# ROSWELL- CHAVES COUNTY ETZ/ CHAVES COUNTY ZONING APPLICATION

Case Number: \_\_\_\_\_ Date Received: \_\_\_\_\_ Fee: \_\_\_\_\_

Type of Request:    Rezoning    Special Use    Variance    Change of Use

Owner's Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Roswell-Chaves County ETZ

Chaves County

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

Legal Description: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Present Land Use: \_\_\_\_\_

Intended Land Use: \_\_\_\_\_

Present Zoning: \_\_\_\_\_ Requested Zoning: \_\_\_\_\_

Reason for Requested: (Attach Letter if necessary) \_\_\_\_\_

\_\_\_\_\_

**PLEASE INCLUDE ALL DEVELOPMENT PLANS, SITE PLANS, AND /OR BUSINESS PLANS**

***I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF THE DATES, TIMES, AND LOCATIONS OF THE PUBLIC HEARINGS FOR WHICH I OR MY AGENT SHALL ATTEND IN ORDER TO FULFILL THE REQUIREMENTS OF THIS APPLICATION.***

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_