

Application No. _____

Fee \$ _____

**ZONING CHANGE
HOWARD COUNTY**

1. Applicant/Owner: _____
Address: _____
City, St., Zip Code: _____
Phone: _____

2. Legal Description of Property: _____
Subdivision _____

3. Present Use of Property _____

4. Proposed Use of Property _____

5. Adjoining Property Use: North _____ South _____
East _____ West _____

6. If change is granted, how will it affect all adjoining properties? _____

7. Reason for request: _____

8. Additional Data or Comment: _____

9. Present Zoning _____ Proposed Zoning _____

Applicant/Owner Signature

Date Received _____

PLANNING COMMISSION

DATE _____ APPROVED _____ DISAPPROVED _____

Chairman, Planning Commission

COUNTY COMMISSIONERS

DATE _____ APPROVED _____ DISAPPROVED _____

Chairman, County Commissioners

Make checks payable to Howard County Treasurer.