



CHAVES COUNTY APPLICATION CHAVES COUNTY ZONING ORDINANCE

Case Number: _____ Date Received: _____ Fee: _____

Type of Request: Rezoning Special Use Variance Change of Use

Name of Property Owner: _____ Phone Number: _____

Mailing Address: _____

Name of Applicant: _____

Mailing Address: _____ Home Phone Number: _____

_____ Business Phone Number: _____

Applicant Status: Owner Agent Tenant Other _____

Case Address, Legal Description, and Parcel Number: _____

Present Land Use: _____

Intended Use: _____

Present Zoning: _____ Requested Zoning: _____

Applicant's Reason for Requested Change: (Use back if more space is needed) _____

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

Owner's Signature

Date