



CHAVES COUNTY APPLICATION EXTRATERRITORIAL ZONING ORDINANCE

Case Number: _____ Date Received: _____ Fee: _____

Type of Request:	<input type="checkbox"/> Variance	<input type="checkbox"/> Change of Use		
Name of Property Owner: _____	Business Phone Number: _____			
Physical Property Address: _____				
Name of Applicant: _____				
Mailing Address: _____	Home Phone Number: _____			
City, State, Zip: _____	Cell Phone Number: _____			
Applicant Status:	<input type="checkbox"/> Owner	<input type="checkbox"/> Agent	<input type="checkbox"/> Tenant	<input type="checkbox"/> Other _____

Case Address, Legal Description, and Parcel Number: _____

Present Land Use: _____

Intended Land Use: _____

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

Site Plan Submitted: _____ Site Plan Notes: _____

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.	
_____	_____
Petitioner's Signature	Date