

Conditional Zoning Amendment Application

Date: _____

File #: _____

- Please submit check in the amount of **\$150.00** payable to The City of Pooler.
- Type or print and attach additional sheets if necessary to fully answer any of the following sections.

General Information

1. Name of owner/authorized agent: _____
2. Address of owner/authorized agent: _____
3. Telephone number of owner/agent: _____
4. Date previous application was made for an amendment affecting these same premises? _____
5. Deed Restrictions: Yes *or* No
6. Date and action taken: _____

(If the date or action is not known, please give approximate date of previous application.)

Action Requested

Information Required:

1. Give present wording of conditions placed on premises: _____

2. Give wording to which conditions will be changed: _____

Reasons and Certifications

(Required for all amendments)

- _____

Owner/Authorized Agent

Date: _____

Zoning Administrator

Date: _____

Date and action taken:

