

# Zoning Text Amendment

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. Have any previous applications been made for a text or map amendment affecting these same premises? \_\_\_ Yes *or* \_\_\_ No
5. If yes, give file number, date and action taken: \_\_\_\_\_  
(If exact file number, date or action is not known, please give approximate date of previous application.)

## Action Requested

### Information Required:

1. Is action requested a text amendment change: \_\_\_\_\_
2. List articles and all sub titles to which this change or amendment will apply: \_\_\_\_\_  
\_\_\_\_\_
3. Give present wording of ordinance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Give wording to which Amendment is to be changed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Reasons and Certifications

(Required for all amendments)

- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Zoning Administrator

Action taken: \_\_\_\_\_

Date action taken: \_\_\_\_\_

\_\_\_\_\_  
Owner's or authorized agent's signature

\_\_\_\_\_  
Notary Public