

Required Fee: This petition shall be accompanied by a **non-refundable** Rezoning Fee of **\$50.00** payable to *Crawford County Zoning*.

The undersigned applicant certifies under oath that the foregoing information is true and correct.

Signature of Applicant/Owner/Developer (or Authorized Representative) *Date*

**If applicant is not the owner, attach a statement that the applicant is the authorized agent of the owner*

**A dated and signed letter of acknowledgement must be included for each property owner within the area proposed for amendment*

<p>CRAWFORD COUNTY ZONING ADMINISTRATOR APPROVAL:</p> <p>The Zoning Change is <input type="checkbox"/> Approved <input type="checkbox"/> Denied as presented on the date: _____</p> <p>Signed: _____ Zoning Administrator</p> <p>Copy Sent to Applicant on: _____</p> <p>Zoning Change Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>BOARD OF SUPERVISORS APPROVAL:</p> <p>Date Application Received: _____ Date Review Completed: _____</p> <p>This Zoning Change is: <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended</p> <p>Comments : _____</p> <p>Signed: _____ Supervisor Chairperson</p>
