

# Saunders County Request to Amend Zoning Map

Application Fee \$250

**\*\*The applicant must be present at both the Planning Commission & County Board Meeting\*\***

Applicant \_\_\_\_\_ Permit# \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_ Phone# \_\_\_\_\_

Hereby requests to change the SAUNDERS COUNTY ZONING MAP.

The proposed change is to:

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I hereby certify the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of applicant

To: Saunders County Board of Supervisors

We, the Saunders County Planning Commission recommend the foregoing  
application be: ( ) Approved ( ) Disapproved (show reason on back)

Dated this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Chairman Saunders County  
Planning Commission

Be it resolved by the Saunders County Board of Supervisors that the foregoing application  
be: ( ) Approved ( ) Disapproved (show reason on back)

Dated this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Chairman Saunders County  
Board of Supervisors

ATTEST: \_\_\_\_\_  
Saunders County Clerk

Dated this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_