Town of Vonore Planning Commission Application for Zoning Ordinance Text Amendment

APPLICANT NAME:	
Address:	
Phone Number:	Email:
CHANGE REQUESTED:	
Zoning District to be amended	:
The proposed Zoning Ordinan	ce text amendment is necessary due to the followin
changed or changing condition	ns (be specific):
*********	**************
Submitted by:	
Signature	Date