|                    | • •                      |         | -) 304-530-025          |                    |       |
|--------------------|--------------------------|---------|-------------------------|--------------------|-------|
| Request f          | for Rezoning of Property | Re      | equest for Text Amendme | ent to Zoning Ordi | nance |
| Date:              |                          |         |                         |                    |       |
| Applicant          |                          |         |                         |                    |       |
| First Name:        |                          | Last    | Name:                   |                    |       |
| Address:           |                          |         |                         |                    |       |
| City:              |                          | State:  |                         | Zip:               |       |
| Phone:             | Fax:                     |         | Email:                  |                    |       |
|                    |                          |         |                         |                    |       |
|                    |                          |         |                         |                    |       |
| Phone:             | Fax:                     |         | Email:                  | p.                 |       |
|                    |                          |         |                         |                    |       |
| Description of Req | uest:                    |         |                         |                    |       |
|                    |                          |         |                         |                    |       |
|                    |                          |         |                         |                    |       |
|                    |                          |         |                         |                    |       |
|                    |                          |         |                         |                    |       |
| District:          | Тах Мар:                 | Parcel: | Deed Book:              |                    | Page: |
| Current Zoning:    | A C I R                  | Ac      | creage:                 |                    |       |
| Floodplain Ma      | p Number:                |         | Zone:                   |                    |       |

Hardy County Planning Commission

The undersigned hereby certifies that the information contained herein is true and accurate. I (we), the applicant(s) of the request ceritifies that the nature of this request complies with all restrictive convenants (Deed Restrictions, etc.) applying to the subject real estate. I (we) agree, understand, and acknowledge that upon approval of the Board, I (we) assume full responsibility for compliance with any conditions set by the Board and other regulations such as obtaining a building permit prior to the starting the project. Any person, firm, or corporation who fails to comply with, or violates, any of these regulations may be subject to the laws of the West Virginia State Code and the Hardy County Ordinances.

| Applicant Signature: | Date: |  |
|----------------------|-------|--|
| Owner Signature:     | Date: |  |

| Property Owners within | 250 feet of affected | property(Rezoning Request): |
|------------------------|----------------------|-----------------------------|
|                        |                      |                             |

|                     | openy Ow    | ers within 250 feet of aff                        |                     |         |         | _      |
|---------------------|-------------|---|---------------------|---------|---------|--------|
| Name                |             | 1   | Address             |         | Tax Map | Parcel |
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|                     | Please      | ee for the Planning Com<br>make checks payable to | b: The Hardy County | Sheriff |         | *      |
|                     |             | PLANNING OFFIC                                    |                     |         |         | •      |
| _                   |             |   |                     |         |         |        |
| Fee:                | Paid:       | Cash Check M                                      | loney Order         |         |         |        |
| Received By:        |             |   |                     | Date.   |         |        |
|                     |             |   |                     | Date.   |         |        |
| Planning Commi      | ssion Publ  | c Hearing Date:                                   |                     |         |         |        |
|                     |             |   |                     |         |         |        |
| Planning Commission | Decision:   | Approved Denied                                   |                     |         |         |        |
| County Commis       | sion Public | Hearing Date:                                     |                     |         |         |        |
| County Commission   | Decision:   | Approved Denied                                   |                     |         |         |        |
|                     |             |   |                     |         |         |        |
| Comments:           |             |   |                     |         |         |        |
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