

This checklist shall be completed and returned as part of the submittal. Any item checked “No” or “N/A” (not applicable) must be explained in a narrative attached to the checklist. Incomplete submittals will be returned to the applicant.

A. Amendment Type. What type of amendment is being requested? (check all that apply)

- Comprehensive plan Text Amendment
- Comprehensive plan Map Amendment

B. Comprehensive Plan Amendment Criteria. For Comprehensive Plan Text or Map Amendments, written responses for each of the following criteria shall be provided.

Are written responses for the following criteria provided?

<b>Comprehensive plan Amendment Criteria</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. The proposed amendment cures a deficiency in the comprehensive plan or results in an improved comprehensive plan which better responds to the needs of the general community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The proposed amendment does not create inconsistencies within the comprehensive plan, either between the goals and the map or between goals; if inconsistencies are identified then additional changes must be provided to remove the inconsistencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The proposed amendment must be consistent with the overall intent of the comprehensive plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The proposed amendment will not adversely affect the community as a whole or significant portion by:			
a. Significantly altering acceptable existing and future land use patterns, as defined in the text and maps of this plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Requiring unmitigated larger and more expensive improvements to streets, water, sewer, or other public facilities or services and which, therefore, may impact development of other lands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adversely impacting existing uses because of unmitigated greater than anticipated impacts on facilities and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Negatively affecting the livability of the area of the health and safety of the residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I (We), the undersigned, hereby certify that the information contained in this application is true and correct to the best of my (our) knowledge.

\_\_\_\_\_  
Property Owner’s Signature(s)

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

On this day of \_\_\_\_\_, 20\_\_ , before me, a Notary Public for the State of ,  
\_\_\_\_\_ personally appeared \_\_\_\_\_,  
known to me to be the person(s) whose name(s) is(are) subscribed to the above instrument and acknowledge to me that  
he/she/they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal the day and year first above  
written.

\_\_\_\_\_  
Notary Public for  
State of

\_\_\_\_\_  
Residing at

\_\_\_\_\_  
My Commission  
Expires