

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)

- Zoning Map Amendment
- Zoning Ordinance Amendment – Zoning Provisions
- Zoning Ordinance Amendment – Subdivision Provisions

B. Zoning Map or Zoning Provision Amendment Criteria. For Zoning Map Amendments and Zoning Ordinance Text Amendments involving zoning provisions, written responses for each of the following criteria shall be provided.

Are written responses for the following criteria provided?

Zoning Provision Criteria	Yes	No	N/A
1. Is the new zoning designed in accordance with the comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the zoning designed to lessen congestion in the streets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the new zoning promote health and general welfare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the new zoning secure safety from fire, panic and other dangers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the new zoning facilitate the adequate provision of transportation, water, sewer, schools, parks, fire, police, and other public requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the new zoning give consideration to the peculiar suitability of the property for particular uses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the new zoning give reasonable consideration to the character of the district?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Was the new zoning adopted with a view to conserving the value of buildings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the new zoning encourage the most appropriate use of land throughout such county or municipal area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Zoning Subdivision Provision Criteria. For Zoning Ordinance Text Amendments involving subdivision provisions, written responses for each of the following criteria shall be provided.

Are written responses for the following criteria provided?

Subdivision Provision Criteria	Yes	No	N/A
1. Will the amendment provide for the orderly development of the jurisdictional area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the amendment provide for the coordination of roads within subdivided land with other roads, both existing and planned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the amendment provide for the dedication of land for roadways and for public utility easements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the amendment provide for the improvement of roads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the amendment provide for adequate open spaces for travel, light, air and recreation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the amendment provide for adequate transportation, water and drainage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the amendment provide for the regulation of sanitary facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the amendment provide for the avoidance of subdivision which would involve unnecessary environmental degradation and the avoidance of danger of injury to health, safety or welfare by reason of natural hazard or the lack of water, drainage, access, transportation, or other public services or would necessitate an excessive expenditure of public funds for the supply of such services?	<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 _____