

APPLICATION FOR CHANGE OF ZONING REGULATIONS OR BOUNDARIES
Lisbon Planning and Zoning Commission

To be completed by the Applicant:

Date _____

Name of applicant _____

Mailing address _____

Name of owner of record _____

Mailing address _____

Description of and purpose for proposed change: (In addition to a written description, the applicant shall submit a map clearly showing the boundaries of the proposed change when the change involves a zoning district boundary.)

Signature of applicant _____

To be completed by Commission:

Application No. _____

Fee Paid \$ _____

Date of Submission _____

Date of Receipt _____

Date of Public Hearing _____

Date of Commission Action _____

Approved _____

Denied _____

Reason for Change _____

Signature _____