

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 \_\_\_\_\_