

CITY OF LOWELL
PETITION FOR ZONING TEXT AMENDMENT CHANGE

Date of Petition _____

Petition Number _____

1. Petitioner's Name _____

Address _____

Phone _____

(Include name, address, and phone number of any co-petitioners.)

2. State the exact nature of text change desired. Please make references to sections, page number, etc. Please make specific references to language that you desire deleted and/or language you desire to be added or to be put in place of deleted language. Interrelated changes may be made a part of the same application. Any change that is not interrelated to this change shall require a separate application. An example of an interrelated change is where a change in one section causes the need to change another section.

SIGNATURE OF APPLICANT

DATE

Application Processing Fee: \$200
Checks should be made payable to City of Lowell
Petition for zoning text change

**CITY OF LOWELL
PETITION FOR ZONING TEXT AMENDMENT CHANGE**

Staff Use Only:

Scheduled for Planning and Zoning Board consideration:

Date: _____ Time: _____ Location: _____

Date written notice sent to Property Owner: _____

Planning and Zoning Board recommendation: ___ Approved ___ Denied

Notes/Comments: _____

Scheduled for City Council consideration:

Date: _____ Time: _____ Location: _____

Dates advertised: (a) first notice: _____ (b) second notice: _____

City Council recommendation: ___ Approved ___ Denied

Date applicant notified of City Council action: _____

Comments: _____
