City of North Branch
Comprehensive Plan Amendment

APPLICANT NAME (SIGNATURE REQUIRED BELOW)	BUSINESS PHONE ( ) -	HOME PHONE ( ) -
APPLICANT ADDRESS	CITY	STATE ZIP
PROPERTY OWNER(S) NAME(S) (SIGNATURE REQUIRED BELOW OR ADDITIONAL SHEETS OF PAPER AS NEEDED)	BUSINESS PHONE ( ) -	HOME PHONE ( ) -
PROPERTY OWNER ADDRESS	CITY	STATE ZIP

LOCATION OF PARCELS AFFECTED BY COMP. PLAN AMENDMENT:	CURRENT COMP. PLAN DESIGNATION.	CURRENT ZONING
ASSESSOR PARCEL NO	PROPOSED COMP PLAN DESIGNATION	PROPOSED ZONING IF COMP. PLAN AMENDMENT (AND REZONING) APPROVED:

REASON FOR THE PROPOSED COMPREHENSIVE PLAN AMENDMENT REQUEST:

PROPERTY OWNER CONSENT X_____

I declare under penalty of perjury that I am the owner of said property or have written authority from property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.

APPLICANT SIGNATURE X_____

I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.

Application Date_____ Public Hearing date _____

__ Fee $300 Receipt# _____