

# Conditional Zoning Amendment Application

Date: \_\_\_\_\_

File #: \_\_\_\_\_

- Please submit check in the amount of **\$150.00** payable to The City of Pooler.
- Type or print and attach additional sheets if necessary to fully answer any of the following sections.

## General Information

1. Name of owner/authorized agent: \_\_\_\_\_
2. Address of owner/authorized agent: \_\_\_\_\_
3. Telephone number of owner/agent: \_\_\_\_\_
4. Date previous application was made for an amendment affecting these same premises? \_\_\_\_\_
5. Deed Restrictions:  Yes *or*  No
6. Date and action taken: \_\_\_\_\_

(If the date or action is not known, please give approximate date of previous application.)

## Action Requested

### *Information Required:*

1. Give present wording of conditions placed on premises: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Give wording to which conditions will be changed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Reasons and Certifications

(Required for all amendments)

- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner/Authorized Agent

Date: \_\_\_\_\_

Zoning Administrator

Date: \_\_\_\_\_

Date and action taken:

\_\_\_\_\_  
\_\_\_\_\_