



Text Change Application

INFORMATION	
Requested Text Change (must include draft language for the new text; attach additional pages if necessary)	
APPLICANT INFORMATION	
Name of Applicant:	
Address of Applicant:	
Email of Applicant:	Phone:
Applicants Affiliation with the proposal:	
☐ Owner ☐ Engineer ☐ Architect ☐ Other	

REQUIRED CHECKLIST:

- Written statement showing the desired language change
- Written statement explaining why existing general plan language is no longer appropriate or feasible
- Analysis of the potential impacts of the proposed amendment
- Map showing affected areas if text changes will affect specific geographic areas

OFFICE USE ONLY			
Date Received:	Received By:	File Number:	Fee:
Zone:	Assigned Planner:		Receipt #