

Department of Comprehensive Planning Master Plan Amendment Commissioner Concurrence Form

NEVENT	SELECT ONE:	\square LAND USE PLAN	\square TRANSPORTATION	☐ TRAILS
Commissioner who repre This form must be signed	sents the district ind by staff from the	which the project is loca	ted. See next page for Comr nd submitted with the Plan	orresponding contact for the nissioner contact information. Amendment application. For
DATE OF REQUEST:				
SITE ADDRESS:				
ASSESSOR'S PARCEL NUN	/IBER(S):			
EXISTING LAND USE CATE	EGORY:			
EXISTING ZONING:				
PROPOSED ZONING:				
PROPOSED PROJECT DES	CRIPTION:			
APPLICANT NAME:				
COMMISSIONER:			COMMISSION DISTR	ICT:
	CT IN WHICH THE P	<u> </u>	-	M THE COMMISSIONER WHO IMPLY THAT ANY PROPOSED
	BELOW SECTION	N TO BE COMPLETED BY C	COMMISSIONER OFFICE ON	LY
CONCURRENCE: YE	s 🗆 no			
COMMISSIONER CONTAC	CT:			
SIGNATURE:		DATE:		
COMMISSIONER COMME	ENTS:			

COMMISSIONER CONTACT INFORMATION

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