



OXFORD

PLANNING
DEPARTMENT

APPLICATION FOR ZONING MAP AMENDMENT

Applicant's Name _____

Mailing Address _____

Address of Property in Question _____ PPIN # _____

Telephone Number (s) Day _____

Interest in Property () Owner () Leaseholder () Option to Purchase () Other Legal Interest

Present Zoning Classification of Property _____

Proposed Zoning Classification of Property _____

Legal Description of Property (Include all subdivision lot numbers or metes and bounds description and tax parcel numbers)

What changed or changing conditions make the passage of this amendment necessary?

What other circumstances justify the proposed change?

What error(s), if any, in the Zoning Map would be corrected by the proposed amendment?

Signature of Owner or Authorized Agent _____ Date _____

A legal description and a plat showing the land area affected by the proposed amendment, zoning classification of the area and all abutting properties, all public and private rights-of-way and easements bounding and intersecting the designated area and abutting properties must be attached along with a filing fee payable to the City of Oxford.

FOR CITY USE ONLY

Date Filed _____

Date of Public Hearing _____

Decision of Board of Adjustment _____

Effective Date _____

Zoning Administrator

Date