APPLICATION FEES ARE DUE AT THE TIME OF SUBMITTAL.

ADDITIONAL FEES MAY BE ASSESSED FOLLOWING FINAL APPLICATION REVIEW. ALL OUTSTANDING BALANCES MUST BE PAID PRIOR TO FINAL APPROVAL, PERMIT ISSUANCE, OR PLACEMENT ON A PUBLIC MEETING AGENDA.

ATTENTION: **SCAM ALERT** - SEVERAL CUSTOMERS HAVE RECEIVED INVOICES THAT WERE NOT FROM THE CITY OF BENSON, MANY ASKING FOR PAYMENT TO BE MADE BY A WIRE TRANSFER. THE CITY OF BENSON WILL **NOT** ASK FOR A WIRE TRANSFER FOR ANY PAYMENT.

IF YOU RECEIVE AN INVOICE AFTER YOUR REQUEST IS COMPLETED, PLEASE CONTACT STAFF TO VERIFY THE VALIDITY OF THE INVOICE.

Application for Zoning Regulations Text Amendment

Applicant Name:_____

Applicant
Address:_____

Applicant Telephone
& Email:_____

Please state the specific section, subsection, and paragraph of the City of Benson Zoning Regulations for which amendment is being sought.

_____

_____

Does the proposed amendment:
□add text to the Zoning Regulations,
□delete text from the Zoning Regulations
□revise existing text in the Zoning Regulations

Please attach a separate sheet with the proposed text amendment. If proposing to revise existing text, please submit the proposed amendment with "track changes" visible.

Please attach a separate sheet describing the reason(s) for the proposed text amendment.

Please attach a separate sheet describing how the proposed zoning amendment reflects the goals and policies of the General Development Plan.

_____

Signature of Applicant Date