

**CITY OF MAGEE, MISSISSIPPI
APPLICATION FOR ZONING ACTION:
AMENDMENT**

TYPE OF ZONING ACTION REQUESTED: AMENDMENT OF SECTION _____

DATE: _____

Name of Applicant: _____

Address of Applicant: _____

Telephone: _____

Email address: _____

The Applicant for AMENDMENT must, in writing, state the following:

1. The purpose for the request
2. The grounds upon which the request is based
3. The relationship of the request to the promotion of the public health, safety, or general welfare of the City of Magee.

(Attach additional pages, if necessary)

By signing this application, I acknowledge that the above information is true, correct, and complete to the best of my knowledge.

APPLICANT SIGNATURE: _____

STATE OF MISSISSIPPI COUNTY OF _____.

SWORN TO AND SUBSCRIBED BEFORE ME,

This the _____ day of _____, _____.

NOTARY PUBLIC: