

Application No. _____

Date: _____

LYON COUNTY ZONING TEXT AMENDMENT APPLICATION

Application is hereby made to the Lyon County Planning Board for consideration of and recommendation to the Governing Body for an text amendment to the LC-Z Regulations/Plan ELC affecting the following:

Name of Owner:
Mailing Address:
<input type="radio"/> LC-Z Regulations <input type="radio"/> Plan ELC
Page Number(s):

Section(s) (i.e. 1.7.2):
EMAIL:
Phone:

Reason for the request:

Suggested Change: *(or attach)*

(Applicant's Signature)

Date