



Charles County Department of Planning and Growth Management

For Office Use Only

ZTA # _____

Date Submitted _____

Fees Paid _____

Staff Initials _____

APPLICATION FOR ZONING TEXT AMENDMENT

Information about the Zoning Text Amendment process can be found at [Chapter 297-447](#) of the [Charles County Zoning Ordinance](#).

APPLICANT CONTACT INFORMATION

Applicant Name: _____

Applicant Phone Number: _____

Applicant Email: _____

ADDRESS

Street Address _____

City _____ State _____ Zipcode _____

Please provide your requested text changes below including any new text to be added and existing text to be deleted or amended (if any). Attach additional pages if necessary.

[Large empty yellow box for text changes]

Please provide the specific reason why such a text amendment is necessary and should be approved by the County Commissioners. Attach additional pages if necessary.

[Large empty yellow box for reason for amendment]

Applicant's Signature _____

Date _____