

**Saunders County Request to Amend Zoning Map**  
**Application Fee \$200**

Applicant \_\_\_\_\_

Permit# \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Email Address \_\_\_\_\_

Phone# \_\_\_\_\_

Hereby requests to change the SAUNDERS COUNTY ZONING MAP.  
The proposed change is to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of applicant

To: Saunders County Board of Supervisors

We, the Saunders County Planning Commission recommend the foregoing application be: ( ) Approved ( ) Disapproved (show reason on back)

Dated this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_\_. \_\_\_\_\_

Chairman Saunders County  
Planning Commission

Be it resolved by the Saunders County Board of Supervisors that the foregoing application be: ( ) Approved ( ) Disapproved (show reason on back)

Dated this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_\_. \_\_\_\_\_

Chairman Saunders County  
Board of Supervisors

ATTEST: \_\_\_\_\_  
Saunders County Clerk

Dated this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_\_