



Application for Text Amendment

Community Development Department
 50 East 2nd North, Green River, WY 82935
 PH: (307) 872-6140 Fax: (307) 872-0510
www.cityofgreenriver.org

PETITIONER*		PETITIONER REPRESENTATIVE (IF DIFFERENT)	
Name		Name	
Mailing Address		Mailing Address	
Contact Phone:		Contact Phone:	
FAX:		FAX:	
Email:		Email:	

* The City of Green River will only send correspondence to the names and mailing addresses provided on this application.

Place an "X" in box by ordinance for which the amendment is being sought:	
	Zoning Ordinance (City of Green River Code of Ordinances, Appendix B)
	Subdivision Ordinance (City of Green River Code of Ordinances, Appendix C)

SECTION (Provide the specific ordinance number of all sections you are proposing to amend – Chapter, Section, Paragraph, Subsection, etc.):

CURRENT ORDINANCE LANGUAGE (Please write in language verbatim or attach a copy of that portion of the ordinance with the Section clearly identified):

PROPOSED ORDINANCE LANGUAGE (Please clearly identify proposed new language from existing language by underlining new language and using ~~striketrough~~ to denote any existing language deletions):

NARRATIVE (Provide a narrative describing the rationale for the proposed change):

POTENTIAL CONFLICTS (What potential land use conflicts could result from the proposed change? Do not limit consideration only to the specific parcel(s) that you are interested in. Remember, a text amendment will impact all property within that zone and could potentially impact property in adjacent zones as well):

COMPREHENSIVE PLAN (Explain how the amendment is consistent with the Comprehensive Plan – available online at www.cityofgreenriver.org under the “Doing Business” tab:

SUBMITTAL REQUIREMENTS:

Before submitting an application to the City of Green River, please check with the Community Development Department to verify all essential information for review is present. Incomplete applications will not be processed and will delay the review process.

REQUIRED:

	Application Fee: \$200
	Completed Application (including detailed review criteria responses)

APPLICATION SUBMITTAL:

I understand that payment of the application fee is nonrefundable and is to cover the costs associated with processing this application, and that it does not assure approval of the language amendment.

I acknowledge that I have read and understand this application and the Green River Language Amendment regulations.

I acknowledge that I have been provided a meeting schedule that outlines the Planning and Zoning Commission meeting at which my request will be considered and the tentative dates of the City Council Public Hearing/Ordinance Readings.

I understand that it is my responsibility as the petitioner to present this request to amend the Ordinances of the City of Green River to the Planning and Zoning Commission and the City Council at the assigned public meetings. I understand that failure to attend the scheduled public meeting may result in the tabling of this petition for consideration.

Petitioner Signature:	Print Name:	Date:
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STAFF USE ONLY:

P&Z MEETING DATE: _____	CASE #: _____
TENTATIVE COUNCIL PH: _____	ACTUAL COUNCIL PH: _____
TENTATIVE 1 st READING: _____	ACTUAL 1 st READING: _____
TENTATIVE 2 nd READING: _____	ACTUAL 2 nd READING: _____
TENTATIVE 3 rd READING: _____	ACTUAL 3 rd READING: _____