



Planning & Community Development

Publication Date		Application No.	
Hearing Date		Date Filed	
Filing Fee		Receipt No.	

APPLICATION FOR AMENDMENT TO THE ZONING TEXT SALINA CITY PLANNING COMMISSION

The undersigned, being residents of the City of Salina, Kansas, do hereby apply to the Salina City Planning Commission for:

Applicant's Name (print) _____

Applicant(s) Signature _____ Date _____

Attach additional signature sheets if necessary. Be sure to include name, address, phone and signature of each applicant on the additional sheets.

If the applicant is to be represented by legal counsel or an authorized agent, please complete the following in order that correspondence and communications pertaining to this application may be forwarded to the authorized individual.

Name of representative _____

Mailing Address, City, State, Zip _____

Telephone (Business) and E-Mail _____