

**City of Madisonville
Planning Commission
Application for Zoning Ordinance Text Amendment**

APPLICANT NAME: _____

Address: _____

Phone Number: _____ Email: _____

CHANGE REQUESTED:

Zoning District to be amended: _____

The proposed Zoning Ordinance text amendment is necessary due to the following changed or changing conditions (be specific):

Submitted by:

Signature

Date