

**CITY OF SELMA
ZONING CHANGE APPLICATION**

Applicant: _____ **Address:** _____

Phone: _____ **Cell No:** _____

Contact Person: _____ **Address:** _____

Assessor's Parcel No: _____ **Fax:** _____

Project Address: _____ **Existing Zoning:** _____

1. Other permits/approvals required (Local ,Regional, County, State, Federal –explain):

2. Nature of request:

3. Exact section of the zoning ordinance proposed for change:

4. Existing zoning ordinance language:

5. Proposed new language:

6. Brief explanation of why request is warranted:

Application received by : _____ **Date:** _____ **Receipt No.** _____

Amount received: _____ **Submittal No.** _____