



Application for Zoning Regulations Text Amendment

Applicant Name: _____

Applicant
Address: _____

Applicant Telephone
& Email: _____

Please state the specific section, subsection, and paragraph of the City of Benson Zoning Regulations for which amendment is being sought.

Does the proposed amendment:

- add text to the Zoning Regulations,
- delete text from the Zoning Regulations
- revise existing text in the Zoning Regulations

Please attach a separate sheet with the proposed text amendment. If proposing to revise existing text, please submit the proposed amendment with “track changes” visible.

Please attach a separate sheet describing the reason(s) for the proposed text amendment.

Please attach a separate sheet describing how the proposed zoning amendment reflects the goals and policies of the General Development Plan.

Signature of Applicant

Date