



# CITY OF GILLETTE

Development Services  
Planning Division  
201 E. 5th Street • Gillette, Wyoming 82716  
Phone 307.686.5281  
www.gillettewy.gov

## Zoning Amendment Request

This application is for a request of a zoning text or map amendment. All supporting documentation is required at the time of submittal.

Please complete the application and address all items.

Should you have questions, please contact the Planning Division at (307) 686-5281.

### Section 1:

Type of zoning request \_\_\_\_\_ Map Amendment \_\_\_\_\_ Text Amendment

#### Applicant:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

Interest in property: \_\_\_\_\_

Explain in detail the reason(s) for the proposed zoning amendment.

Describe specifically the error in the current zoning or how changing conditions require this requested amendment (attach additional pages if needed).

**If a map amendment, complete section 2. If a text amendment, complete section 3.**

## **Section 2:**

### **Map Amendment**

- A. Legal description of property
  
  
  
  
  
  
  
  
  
  
- B. Present zoning and use of property \_\_\_\_\_
- C. Requested zoning district \_\_\_\_\_
- D. Is this rezoning consistent with the Gillette Comprehensive Plan Land Use Map?  
\_\_\_ Yes \_\_\_ No
- E. Does the property proposed for rezoning meet the minimum size standards of the current City of Gillette Zoning Ordinance? \_\_\_ Yes \_\_\_ No
- F. Describe the error in the map or the changing conditions which warrants a map amendment:

### **Other required supplemental information**

- A. Payment for total amount of zoning map amendment review fee - \$340.00
- B. Excel document (.xls/.xlsx) of names and mailing addresses (as shown in the records of the Campbell County Assessor) of owners of all property within 140 feet of subject property, excluding the width of any intervening street or alley.



**Section 3:**

**Text Amendment**

- A. Section proposed to be amended \_\_\_\_\_
- B. Proposed wording of the section

**Other required supplemental information**

- A. Payment for total amount of zoning text amendment review fee - \$340.00

This form has been completed under my supervision, and the zoning amendment submittal is complete in conformance with the City of Gillette Subdivision Regulations and Design Standards. I understand that an incomplete submittal cannot be reviewed.

\_\_\_\_\_  
Signature of Applicant or Agent

\_\_\_\_\_  
Date