

COMPREHENSIVE PLAN AMENDMENT FORM

Applicant Name: _____

Address: _____

Proposed Amendment Number: _____ Date of Amendment: _____

Reason(s) for Proposed Amendment:

Analysis of Proposed Amendment

Plan Consistency:

Opinion Survey –

Vision Statement –

Goals & Objectives –

Policies & Program –

Plan Inconsistency:

Proposed Revision(s) and Justifications to Plan to Address Inconsistency: