

CITY OF TORRINGTON, WYOMING

PETITION FOR AMENDMENT TO THE ZONING MAP

Please return completed petition to:

City of Torrington Engineering & Planning Office
P.O. Box 250
436 East 22nd Avenue
Torrington, WY 82240
Tel: (307) 532-4815

FOR ENGINEERING OFFICE USE ONLY

Application/File Number _____

Date Received _____

Fee Rec'd / Check# _____

Assigned To _____

Approval Dates

TPC _____

TCC _____

CITY OF TORRINGTON, WYOMING
PETITION FOR AMENDMENT TO THE ZONING MAP

Name of Petitioner _____

Petitioner's Address _____

Petitioner's Phone # _____ Date Petition Filed _____

1. Legal description of entire area for which the petition is filed: _____

2. All of the owners of land for which this Petition is sought have signed this Amendment to the Zoning Map within 180 days of the date this Petition is filed. Yes _____ No _____.

Provide the following information for all owners who have not signed the Petition:

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. The undersigned landowner(s) hereby petition the Torrington City Council to amend the Official Zoning Map for the property described in Item 1 of this Petition. This Petition contains legal descriptions and dated signatures from the landowner(s) of the area, excluding public streets and alleys and tax exempt property.

a. Present Zoning: _____ b. Requested Zoning: _____

c. Present use of property: _____

d. Proposed use of property: _____

e. Intention of Request: _____

(Date)

State of _____)
County of _____)ss.

this _____ day of _____, 20_____.

My Commission Expires _____.

(Petitioner's name) (Signature) (Date)

Legal Description of Petitioner's Land: _____

ACKNOWLEDGEMENT

State of _____)
) ss.
County of _____)

The foregoing instrument was acknowledged before me by _____
this _____ day of _____, 20____.

WITNESS my hand and official seal.

Notary Public

My Commission Expires _____

(Petitioner's name) (Signature) (Date)

Legal Description of Petitioner's Land:

ACKNOWLEDGEMENT

State of _____)
County of _____) ss.

The foregoing instrument was acknowledged before me by _____
this _____ day of _____, 20____.

WITNESS my hand and official seal.

Notary Public

My Commission Expires _____.

City of Torrington, Wyoming
FORM TO BE COMPLETED BY TITLE INSURANCE COMPANY,
LICENSED ENGINEER, LICENSED SURVEYOR or the Goshen County Assessor

Certified list to be returned to the City of Torrington Engineering and Planning Office, 2042 East A Street (P.O. Box 250), Torrington, WY 82240.

C E R T I F I C A T I O N

I, _____, hereby certify that the following is a current, complete and accurate list of property owners within 140 feet (excluding streets and alleys) of the property proposed for an amendment to the Zoning Map, said property being at _____

_____.

Signature _____

Date _____