## APPLICATION FOR CONSIDERATION OF A MODIFICATION

For Municipal Use Only:  File No  Date of Receipt / Filing:  Planning Commission Meeting Date:  Board of Supervisors Meeting Date:		
The t		oval of a Modification / waiver, submitted herewith and
1.	Plan Name:	Plan Date:
2.	Project Location:	
3.	Address:	Phone No.: Account No.:
	Second Property Owner(s): Address: Source of Title: Email:	Phone No.:  Account No.:
4.	which a Modification is requeste  The Proposed Alternative to the	Requirement:
		n / Waiver:
	indersigned hereby represents that, to is true, correct, and complete.	o the best of their knowledge and belief, all information listed
Signa	nture Date	, 20