

Town

Tax Parcel #

First Name

Owner  
Last Name**PETITION FOR MODIFICATION**

TO THE SUBDIVISION ORDINANCE OF LINCOLN COUNTY

Fee: \$400 Receipt: \_\_\_\_\_ MOD- \_\_\_\_\_ - \_\_\_\_\_

Site Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Legal Description Summary: \_\_\_\_\_ Acres: \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ North Range: \_\_\_\_\_ East

Gov Lot: \_\_\_\_\_ OR Quarter/Quarter: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Subdivision/CSM: \_\_\_\_\_

Current use and improvements: \_\_\_\_\_

Ordinance section relating to modification request: \_\_\_\_\_

A modification is required because: \_\_\_\_\_

\_\_\_\_\_

Circumstances that prevent compliance with this section include: \_\_\_\_\_

\_\_\_\_\_

The following is proposed as a means of providing an equal degree of protection to the public health, safety and welfare and in support of the spirit and intent of the ordinance: \_\_\_\_\_

\_\_\_\_\_

*You must apply for a "Subdivision Review" prior to applying for this "Petition for Modification". Please attach plat or other map of your property, details of your plans, and any additional information that may be pertinent (i.e. soil test, draft road maintenance agreement, town approval form, etc.) as it may be required in the decision process.*

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Property Owner Information

Name : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_

## Petitioner Information (if other than owner)

Name : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_ By (Staff): \_\_\_\_\_ Date of Hearing: \_\_\_\_\_

☐ Minor Subdivision Application and Fee Received OR ☐ Exempt from Minor Subdivision Review