

PLANNING & ZONING
AGENDA ACTION FORM
TOWN OF MAMMOTH

AGENDA ITEM NUMBER _____ Study Session _____
MEETING DATE _____ New Business _____
MEETING TIME _____ Old Business _____
DATE SUBMITTED _____ SUBJECT _____

STREET ADDRESS AND LOCATION OF PROPERTY INVOLVED:

PARCEL NUMBER _____ TAX NUMBER _____
LOT SIZE _____ SQ.FT. DIMENSIONS _____ FT. X _____ FT.

REQUEST AND/OR DISCUSSION ON:

- _____ ZONING VARIANCE
- _____ INFORMATION
- _____ OTHER
- _____ FORMAL ACTION/MOTION

FISCAL IMPACT: _____

IF MANUFACTURED HOME: SIZE _____ X _____ YEAR BUILT _____

APPLICANT'S NAME _____

MAILING ADDRESS _____

TOWN _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ ALTERNATE PHONE _____

SIGNATURE _____ DATE _____

OFFICIAL USE ONLY

TOWN CLERK'S RECCOMENDATION FOR PLACEMENT ON THE AGENDA

YES _____ NO _____

IF NO, EXPLAIN WHY _____

TOWN CLERK _____ DATE _____

COMMISSION'S RECOMMENDATION TO TOWN COUNCIL FOR PLACEMENT ON AGENDA

YES _____ NO _____

COMMENTS _____

SIGNATURE _____ DATE _____