

Rezoning Attachment to Par. 1(c)

DATE: _____
(enter date affidavit is notarized)

for Application No. (s): _____
(enter County-assigned application number (s))

PARTNERSHIP NAME & ADDRESS: (enter complete name & number, street, city, state & zip code)

(check if applicable) [] The above-listed partnership has no limited partners.

NAMES AND TITLES OF THE PARTNERS: (enter first name, middle initial, last name, and title, e.g.,
General Partner, Limited Partner, or General and Limited Partner)

(check if applicable) [] There is more partnership information and Par. 1(c) is continued further on a
“Rezoning Attachment to Par. 1(c)” form.