



Zoning Text Amendment Application

Applicant's Information

Applicant's Name: _____ Phone Number _____

Applicant's Mailing Address: _____

Email _____

Amendment Information

UDO Section(s) Involved _____

Reason for Text Amendment:

Proposed Text Amendment: (Attach additional pages if needed)

Additional Comments:

Notes:

1. If text amendment is granted, the applicant agrees to pay the Town the current Zoning Text Amendment Fee plus the cost of advertising and adjacent property owner notification for the text amendment public hearing.

Owner/Developer Signature _____

Date _____