

UDO TEXT AMENDMENT APPLICATION

Applicant Name*:

Address:

Phone:

Email:

Zoning District:

Parcel Identification Number:

UDO Section proposed for Amendment:

Explain the reason for your request:

Proposed Language of Text Amendment: (Use Exact language) (Attach additional pages if necessary.)

Proposed Language of Text Amendment: (Continued, if needed.)

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

APPLICANT ACKNOWLEDGEMENT

By submitting this application, you agree to the following statement:

I certify that I have read the instructions to this application and that the information I have included, and any accompanying documentation, is complete and accurate to the best of my knowledge.

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SIGNATURE REQUIRED

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| <i>Applicant – Printed</i> | <i>Applicant Signature</i> | <i>Date</i> |
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Application Fee: - \$ 500 (Includes advertisement fee) Fee Type: ☐ Cash ☐ Check # ☐ Credit Card

Application Number: _____ Date processed: _____ Initials: _____