

Application Fees: \$300 (Includes advertisement fee)

Received Date: _____

Initials: _____

UDO TEXT AMENDMENT APPLICATION

For Office Use Only:

Application Number: _____ Date processed: _____
Fee Type: Cash Check # _____ Credit Card Initials: _____

Complete the following information:

Zoning Ordinance Section Proposed to Amend: _____

Reason for Request: _____

Proposed Language of Text Amendment (attach additional pages if needed):

Applicant (Print): _____
Applicant Address: _____ **City,State,Zip:** _____
Applicant Phone: _____ **Applicant Email:** _____

SIGNATURE REQUIRED

Applicant - Printed *Applicant Signature* *Date*