

Planning Department 200 North Center Street Goldsboro, NC 27530 (919) 580-4313

Application Fees: \$300 (Includes advertisement fee)			Received Date:
			Initials:
	UDO TEXT AMENDMENT AF	PPLICATION	
	For Office Use Only		
Application Number:		Date processed:	
Fee Type: Cash Check #	Credit Card	Initials:	
Complete the following information:			
Zoning Ordinance Section Proposed to	o Amend:		
Reason for Request:			
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Proposed Language of Text Amendment	(attach additional pages if nee	eded):	
A !! ! (D. ! . !)			
Applicant (Print):	Cit.	, Stata Zin:	
Applicant Address: Applicant Phone:	City,State,Zip: Applicant Email:		
Application Indicate The Indica			
SIGNATURE REQUIRED			
Applicant - Printed	Applicant Sign	ature	Date