

Application Fees: \$300 Council Approval (includes advertisement fee)

UDO TEXT AMENDMENT REQUEST

For Office Use Only:	
Application Number: _____	Date Submitted: _____
Fee Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card

Complete the following information:

Zoning Ordinance Section Proposed to Amended: _____

Reason for Request: _____

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

Applicant (print): _____

Applicant Address: _____ City, State, Zip _____

Applicant Phone: _____ Applicant Email: _____

SIGNATURES REQUIRED

Applicant – Printed

Applicant Signature

Date