



TEXT AMENDMENT APPLICATION

Town of Red Cross Planning & Zoning
176 East Red Cross Road
Oakboro, NC 28129
(704) 485-2002

\$175.00

Fee

Date Received

Application Number

APPLICANT INFORMATION

Name: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Fax: _____

TEXT AMENDMENT REQUEST

Type of Change: New Addition Revision Ordinance Section: _____

Current Text: _____

Proposed Text: _____

Reason for requested change (attach additional sheets if necessary): _____

SIGNATURES AND ACKNOWLEDGEMENT

I do hereby certify that all information which I have provided for this application is, to the best of my knowledge, correct.

Signature of Applicant

Date

All of the information herein required has been submitted by the applicant and is included or attached with this application.

Signature of Zoning Administrator

Date

OFFICE USE ONLY

Completed Application Submitted On: _____

Received By: _____

Date of Planning Board Hearing: _____

Receipt Number: _____

Public Hearing Notice Filed: _____
Name of Newspaper

Dates Notices Published: _____

Action of Planning Board: _____

Additional Comments: _____

Date of Board of Commissioners Hearing: _____

Dates Notices Published: _____

Action of Board of Commissioners: _____

Additional Comments: _____

