Town of Grimesland Text Amendment Application

C/O Mid-East Commission
1502 N. Market Street
Washington, NC 27889
Phone: (252) 974-1810
Fax: (252) 946-5489

APPLICANT INFORMATION

DATE: _____

APPLICANT: _____

PHONE #: _____

ADDRESS: _____

TEXT AMENDMENT INFORMATION:

ZONING ORDINANCE SECTION NUMBER AND NAME: _____

TEXT AMENDMENT REQUESTED: _____

_____

_____

_____

_____

REASON FOR TEXT AMENDMENT: _____

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_____

Application must be completed in full and returned with the application fee to the Town of Grimesland at least fifteen (15) working days prior to the regularly scheduled public meeting for the purpose of zoning text amendments. No application will be considered until all required information and fees are submitted. The undersigned states that all information given herein is true.

REZONING REQUEST Fee Amount _____ Date Paid _____

OWNER SIGNATURE: _____ DATE: _____

APPLICANT SIGNATURE: _____ DATE: _____

PLANNING BOARD RECOMMENDATION: APPROVAL ☐ MEETING DATE: _____

DENIAL ☐

BOARD OF ALDERMEN DECISION: APPROVED ☐ MEETING DATE: _____

DENIED ☐

ZONING OFFICER SIGNATURE: _____ DATE: _____

CONDITIONS/COMMENTS: _____