Form A-UD1
Sept. 13, 2021

TOWN OF TROUTMAN
UDO Text Amendment Application

Fee: $350

Case # TA-

1. Project Information

Date of Application_____

Name of Project or application type_____

Please attach proposed text and maps, drawings, photographs, etc. to illustrate the nature of the request.

2. Contact Information

Applicant

Address City, State Zip

Telephone E-Mail

Signature Print Name

3. Description of Project

Briefly describe the nature of this request (reason for the change and how the proposed request will further promote the public health, safety, and general welfare of Troutman and the surrounding area, and its consistency with the Town of Troutman Strategic Plan).