

Town of Grimesland Land Use Plan 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: _____

DOES THE REQUEST INCLUDE AN AMENDMENT TO THE FUTURE LAND USE MAP? ☐ YES ☐ NO

TEXT AMENDMENT REQUESTED: _____

REASON FOR TEXT AMENDMENT: _____

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 is submitted and fees paid. The undersigned states that all information given herein is true.

REZONING REQUEST

OWNER SIGNATURE: _____

APPLICANT SIGNATURE: _____

PLANNING BOARD RECOMMENDATION: APPROVAL ☐

DENIAL ☐

BOARD OF ALDERMEN DECISION: APPROVED ☐

DENIED ☐

ZONING OFFICER SIGNATURE: _____

CONDITIONS/COMMENTS: _____

Fee Amount _____ Date Paid _____

DATE: _____

DATE: _____

MEETING DATE: _____

MEETING DATE: _____

DATE: _____