



# TEXT AMENDMENT APPLICATION

Town of Elon Planning Department  
104 S. Williamson Ave  
Elon, NC 27244  
(336) 584-3601

\$500.00  
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 Official

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Completed Application Submitted On: \_\_\_\_\_

Received By: \_\_\_\_\_

Date of Planning Board Meeting: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Action of Planning Board: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Town Council Hearing: \_\_\_\_\_

Dates Legal Ad Published: \_\_\_\_\_

Action of Town Council: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_