Town of Erwin
Zoning Text Amendment Application

Planning & Inspections Department
PO Box 459, 100 West F St, Erwin, 28339 · 910-897-5140 · Fax 910-897-5

Applicant Name	
Applicant Mailing Address	
Applicant Contact Phone	
Applicant Email	
Zoning Ordinance Section Number	

In the space provided below, or on a separate sheet of paper, please state the nature of the proposed text amendment.

_____ _____ _____

Applicant's Name (Print) Applicant's Signature (Sign) Date

Administrative Official's Comments and Additional Requirements:

In the space provided below, or on a separate sheet of paper, provide the language proposed by Staff and authorized by the applicant for consideration of the Planning Board and Board of Commissioners.

I, _____, do hereby certify that the language as herein provided and prepared by the Town of Erwin Staff does meet the intent, in all respects, of my proposed Zoning Ordinance Text Amendment; and authorize the same to be presented to the Town of Erwin Planning Board and Board of Commissioners for their consideration of approval.

_____ _____ _____

Applicant's Name (Print) Applicant's Signature (Sign) Date

$350 Ordinance Amendment Fee Must Accompany Application and Be Paid Prior to Scheduling for a consideration by Boards.

Fee Paid:	Date Paid:	Staff Initials: