UNIFIED DEVELOPMENT ORDINANCE TEXT AMENDMENT APPLICATION

Applicant's Name: _____

Applicant's Mailing Address: _____

Applicant's Phone Number: _____

Applicant's Email: _____

SECTION(S) OF CODE PROPOSED TO BE CHANGED (List Section numbers and text. Attach additional sheet if necessary):

_____

_____

_____

_____

_____

PROPOSED TEXT WORDING (Attach additional sheet if necessary): _____

_____

_____

_____

_____

_____

REASON FOR TEXT CHANGE (Attach additional sheet if necessary): _____

_____

_____

I do hereby certify that all information that I have provided for this application is correct and complete to the best of my knowledge.

_____ _____

Applicant Signature **Date**

FOR STAFF USE ONLY

PROJECT _____
RELATED PROJECT _____
DATE RECEIVED _____

FEE AMOUNT _____
FEE RECEIVED _____

REVIEWED BY _____
REVIEW DATE _____
PLANNING BOARD DATE _____