



# Town of Aberdeen Planning & Inspections Department

Office: (910) 944-7024



## TEXT AMENDMENT - APPLICATION

**ALL sections of this application *MUST* be filled out, or will be deemed incomplete and rejected by the Planning & Inspections Department.**

**APPLICATION DATE :** \_\_\_/\_\_\_/\_\_\_ **LOCATION / ADDRESS :** \_\_\_\_\_

**APPLICANT :** \_\_\_\_\_

Phone Number : \_\_\_\_\_ Email Address : \_\_\_\_\_

Status of Applicant :  Property Owner  Developer  Legal Representative  Other : \_\_\_\_\_

**ORDINANCE TO AMEND** (ie Section 5.7.1 or Table 4.1.9.) : \_\_\_\_\_

**PROPOSED TEXT AMENDMENT :** \_\_\_\_\_

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**REASONING FOR AMENDMENT :** \_\_\_\_\_

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**ACKNOWLEDGEMENT :** I hereby certify that all information in this application is correct and all work will comply with the State Building Code and other applicable State and local laws, ordinances and regulations. The Planning & Inspections Department will be notified of any changes in the approved plans and specifications for the project permitted herein. I understand if this application is incomplete, a permit will not be issued and no inspections will be performed on the project. By signing below I attest that I have obtained all property owners permission and subcontractors permission to obtain these permits.

APPLICANT NAME : \_\_\_\_\_ DATE : \_\_\_/\_\_\_/\_\_\_

APPLICANT SIGNATURE : \_\_\_\_\_