



**TEXT AMENDMENT APPLICATION  
FARMVILLE, NORTH CAROLINA**

3672 North Main Street; PO Box 86  
Farmville, NC 27828  
Phone: (252) 753-5921  
Fax: (252) 753-2963

**Staff Use Only**  
Appl. #: \_\_\_\_\_

**APPLICANT INFORMATION**

DATE: \_\_\_\_\_

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

PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**TEXT AMENDMENT INFORMATION:**

ZONING ORDINANCE SECTION NUMBER AND NAME: \_\_\_\_\_

TEXT AMENDMENT REQUESTED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR TEXT AMENDMENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application must be completed in full and returned with the \$150.00 application fee to the Planning Department at least ten (20) 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. The undersigned states that all information given herein is true.

<b>TEXT AMENDMENT REQUEST</b>	Fee Amount _____ Date Paid _____
APPLICANT SIGNATURE: _____	DATE: _____
PLANNING BOARD RECOMMENDATION: APPROVED DENIED	MEETING DATE: _____
BOARD OF COMMISSIONERS DECISION: APPROVED DENIED	MEETING DATE: _____
ZONING OFFICER SIGNATURE: _____	DATE: _____
CONDITIONS/COMMENTS: _____	