

# Town of Holly Ridge

Post Office Box 145

Holly Ridge, North Carolina 28445

Telephone (910) 329-7081 Fax (910) 329-1593



## TEXT AMENDMENT APPLICATION

**Application must be completed in its entirety and accompanied by the appropriate fee(s) and attachments as required on page two of this application. An incomplete application will be returned to the applicant and will result in delays to process the request. An applicant is encouraged to visit the planning and zoning department for a preliminary review of the request.**

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Applicant Contact: (Office): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Fax): \_\_\_\_\_

Type of Change Requested:

Ordinance Chapter \_\_\_\_\_ Section(s): \_\_\_\_\_ New Text \_\_\_\_ Revision of Text \_\_\_\_

**Applicant is responsible for submitting the language for the proposed new text or the proposed revisions of text. A separate page may be submitted if needed.**

Proposed Language for New Text:

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Proposed Language for Revised Text:

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Provide Explanation for Proposed Changes:

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The following items are to be submitted with the Application:

Fee Remitted with the Application per current adopted Fee Schedule: Payable by Cash or Check.

10 Copies of Application and Attachments.

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

-Applicant should allow 30 days for staff review; at which time a public hearing will be scheduled and the applicant will be notified by Town Staff.

-Application must be completed in its entirety with the required documents as stated above.

-Application Fee(s) must be remitted with the application.

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For Office Use

Date Application Filed: \_\_\_\_\_

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

Fee Paid: \_\_\_\_\_ Check: \_\_\_\_\_ Cash: \_\_\_\_\_

Public Hearing Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_

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