Chatham County Planning Department PO Box 54

Pittsboro, NC 27312

TEXT AMENDMENT REQUEST APPLICATION

Tel: 919-542-8204

Fax: 919-542-2698

(1)	Applicant Information:			
	Name			
	Phone No: (H)(W)(M)			
(2)	Name of Ordinance for Text Amendment:			
(3)	Text of Ordinance to be varied:			
	Section Page Secti	on	Page	
	Existing Language:			
	Requested Language Change:			
(4)	Reasons for the requested text amendment: In the space below and on additional paper if needed, describe the reasons for the request and why you think it is justified.			
	ereby certify that I am making application for the landomplete and the statements given are true to the best of 1			ormation provided is
	Signature Owner/Authorized Agent	_	Date	······································
The f	e following must be signed by the owner if person other	er than the o	owner is making this	application.
I here	ereby certify that thorized agent for said property and is permitted by me	is an autho to file this	rized agent for said papplication.	property and is an
	Owner's Signature		Dat	 e