

CASE # _____
\$250.00 paid by check # _____ or Cash

**APPLICATION FOR A TEXT CHANGE TO THE ZONING ORDINANCE FOR
THE TOWN OF CEDAR POINT, NORTH CAROLINA**

Please provide the following information:

Name of applicant _____

Address Local _____
 Non-Local _____

Telephone Local _____ Non-Local _____

Section of Zoning Ordinance: _____

1. What action is requested - -be specific? (Include the specific section of the ordinance being amended)

2. Describe, in your own words, why the ordinance amendment request is necessary?

3. In your opinion, how will the request be of benefit to you if approved?

4. How will the Town of Cedar Point and/or the community benefit from the amendment to the zoning ordinance?

I certify that the information presented by me in this application is accurate to the best of my knowledge, information, and belief.

Signature of Applicant

Date

STATE OF _____, COUNTY OF _____

On this _____ day of _____, 20_____

_____ personally appeared before me and is known to me to be the person who signed the foregoing instrument and he/she acknowledged that he/she signed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Signature of Notary Public _____

My Commissioner expires _____

Seal