

# Town of Grimesland Land Use Plan Amendment Application



C/O Mid-East Commission  
1502 N. Market Street  
Washington, NC 27889  
Phone: (252) 974-1810  
Fax: (252) 946-5489

## APPLICANT INFORMATION

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

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

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

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

## TEXT AMENDMENT INFORMATION:

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

DOES THE REQUEST INCLUDE AN AMENDMENT TO THE FUTURE LAND USE MAP?     YES     NO

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

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

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

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

Application must be completed in full and returned with the application fee to the Town of Grimesland at least fifteen (15) working 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 and fees paid. The undersigned states that all information given herein is true.

<b>REZONING REQUEST</b>		Fee Amount _____	Date Paid _____
OWNER SIGNATURE: _____		DATE: _____	
APPLICANT SIGNATURE: _____		DATE: _____	
PLANNING BOARD RECOMMENDATION:	APPROVAL <input type="checkbox"/>	MEETING DATE: _____	
	DENIAL <input type="checkbox"/>		
BOARD OF ALDERMEN DECISION:	APPROVED <input type="checkbox"/>	MEETING DATE: _____	
	DENIED <input type="checkbox"/>		
ZONING OFFICER SIGNATURE: _____		DATE: _____	
CONDITIONS/COMMENTS: _____			