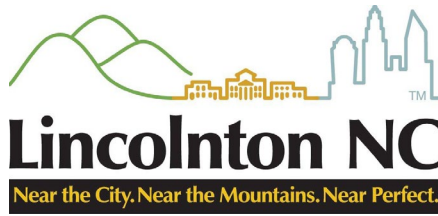


PLANNING DEPARTMENT

Jean Derby – Planning Director
Mark Carpenter – Zoning Administrator
Ashley Jones- Zoning Technician



TELEPHONE 704-736-8930
FAX 704-736-8939

www.lincolntonnc.org/planning
zoningpermits@lincolntonnc.org

ZONING TEXT AMENDMENT APPLICATION

Date of Application _____ Application Number _____

1. Applicant's Name _____

Address _____

Phone _____

Email _____

(Include name, address, and phone number of any co-petitioners.)

2. State the exact nature of text change desired. Please make references to sections, page number, etc. Please make specific references to language that you desire deleted and/or language you desire to be added or to be put in place of deleted language. Interrelated changes may be made a part of the same application. Any change that is not interrelated to this change shall require a separate application. An example of an interrelated change is where a change in one section causes the need to change another section.

SIGNATURE OF APPLICANT

DATE

Application Processing Fee: \$400
Checks should be made payable to City of Lincolnton