



Town of Waxhaw
 Development Services Department
 1150 N. Broome Street, PO Box 617
 Waxhaw, NC 28173
 704-843-2195 (Phone)
 704-243-3276 (Fax)
 www.waxhaw.com

Date Received
Received By
Fee

TEXT AMENDMENT APPLICATION

Date of Application: _____ Application Number: _____
(completed by staff)

Applicant Information

Applicant Name: _____

Applicant Address: _____

Applicant Telephone: _____

Type of Change: New Addition _____ or Revision _____

Ordinance Section: _____

Current Text: _____

Proposed Text: _____

Reason for requested change (attach additional sheets if necessary): _____

I do hereby certify that all information which I have provided for this application is, to the best of my knowledge, correct.

 Signature of Applicant

 Date

All of the information herein required has been submitted by the applicant and is included or attached with this application

(Signature of Zoning Administrator)

(Date)

TO BE FILLED OUT BY ZONING ADMINISTRATOR

Completed application submitted on: _____

Reviewed by Planning Board on: _____

Action of Planning Board: _____

Town Board Public Hearing Held On: _____

Date of Town Board Decision: _____

Action Taken by Town Board: _____

****Newspaper Affidavit should be attached***

Public Hearing Notice Filed in: _____
(Name of Newspaper)

Date(s) Notices Published: _____