Town of Waxhaw
Planning & Community Development
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 Email 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 herby 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: _____