

City of Clinton Planning and Development Department
227 Lisbon Street
P.O. Box 199
Clinton, NC 28329
Phone: (910) 299-4904 Fax: (910) 592-4261

Fee: _____

Receipt: _____

Permit: _____

Date: _____

City of Clinton Planning and Development Department
APPLICATION FOR TEXT AMMENDMENT

Applicant Information:

Type of Change:

Name: _____

New Addition _____

Address: _____

Revision _____

Daytime Phone #: _____

Ordinance _____ **Article** _____ **Section** _____

Current Text: _____

Proposed Text: _____

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

Applicant's Signature

Date

To Be Completed by Zoning Administrator

- 1 Application and Payment received
Date: _____
- 2 Notification of Planning Board meeting to adjacent property owners mailed
Date: _____
- 3 Planning Board meeting(s) when request considered
Date: _____
- 4 Notification of the City Council meeting to adjacent property owners mailed
Date: _____
- 5 Public hearing notice posted on property
Date: _____
- 6 Public Hearing advertised in local newspaper
Date: _____
- 7 Public Hearing
Date: _____
- 8 Decision by the City Council
Date: _____
- 9 Action by the City Council
Granted _____
Denied _____
- 10 Revision to Zoning Text
Date: _____

Zoning Administrator

Date