



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.

Multiple horizontal lines for providing details for item 2.

SIGNATURE OF APPLICANT

DATE

Application Processing Fee: \$500
Checks should be made payable to City of Lincolnton

Applications, plat and/or drawings may be returned by mail, email or in person to:
City of Lincolnton Planning Department
114 West Sycamore Street (PO BOX 617) Lincolnton, NC 28093
Email: zoningpermits@lincolntonnc.org
Phone: 704-736-8930

Office Hours: Monday-Thursday - 8:30 a.m. to 5:00 p.m.