

APPLICATION FOR ZONING TEXT AMENDMENT

TOWN OF FRANKLINTON

Applicant Information

Name of Applicant: _____

Address of Applicant: _____

Phone Number: _____

Email Address: _____

Text Amendment Request:

Section(s) of the Unified Development Ordinance (UDO) that you are requesting to amend:

Proposed Text Amendment Wording/Intended Objective Explanation:

(Please attach additional sheets if necessary)

Zoning Districts where this change should apply:

Acknowledgments

All required documents and supporting materials must be submitted along with this application.

Signatures

Signature of Applicant: _____

Date: _____