



CITY OF HENDERSON

PLANNING & COMMUNITY DEVELOPMENT

P.O. Box 1434 / 134 Rose Avenue • Henderson, NC 27536 • Phone: (252) 430-5723 • Fax: (252) 492-7935



TEXT AMENDMENT APPLICATION

Date: _____

Case # _____

FEES

Zoning Text Amendment, change affecting only one subsection, only one section of the ordinance:	\$100.00
Zoning Text Amendment, other than above:	\$150.00

APPLICANT / AGENT INFORMATION

Applicant's Name _____
 Mailing Address _____
 Contact Phone No. _____
 Email Address _____

ORDINANCE TO BE AMENDED:

_____ Zoning Ordinance	Section(s) to be amended:	_____ Subdivision Ordinance
1. _____	2. _____	3. _____
4. _____	5. _____	6. _____

APPLICANT'S JUSTIFICATION FOR AMENDMENT

Procedure: Petitions to amend the zoning ordinance or subdivision regulations are reviewed by the Planning Director and/or Zoning Administrator. When he/she determines that a petition is complete, he/she will submit it to the Planning Board for a recommendation. The recommendation is referred to the City Council and a public hearing will be held before the City Council. Public Notices will be printed in the newspaper. Once the application is filed and accepted as complete, it is the responsibility of the petitioners to keep appraised of meeting dates and attend the meetings.

The undersigned hereby submits the following information in support of his/her petition to amend the zoning ordinance or subdivision regulations: *(Please attach additional sheets if necessary)*

- I. Section No. and Text of the Existing Ordinance:

- II. Section No. and Text of the Proposed Ordinance:

- III. Why is the proposed change necessary or desirable?

City of Henderson: Zoning Ordinance-Section 905.1. Form of Petitions. Petitions to amend the text of the Zoning Ordinance or the Zoning Map shall be on such form as the Zoning Administrator and/or Planning Director shall specify and shall include all the information necessary for full review and consideration by the City Council, including but not limited to the text of the proposed Ordinance, a map of the area to be rezoned (where applicable), and a statement explaining the nature of the proposed change, the reasons for the change and the effects anticipated from the change.

CERTIFICATION OF APPLICANT

I certify on this date _____ that all the information presented to me in this petition/application is accurate to the best of my knowledge, information, and belief.

Applicant Printed Name / Signature

Owner's Printed Name / Signature (if applicable)

OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY

Fee: _____ How Paid: _____ Rec'd By: _____ Date Paid: _____ Check#: _____ Receipt#: _____

PB Date: _____ PB Decision: Approved / Denied _____ CC Date: _____ CC Decision: Approved / Denied _____

Comments: _____

Zoning Administrator

Date