



**TEXT AMENDMENT APPLICATION  
PITT COUNTY, NORTH CAROLINA**

1717 W. 5<sup>th</sup> Street  
Greenville, NC 27834-1696  
Phone: (252) 902-3250  
Fax: (252) 830-2576

**Staff Use Only**  
Appl. #: \_\_\_\_\_

**APPLICANT INFORMATION**

DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**TEXT AMENDMENT INFORMATION:**

ZONING ORDINANCE SECTION NUMBER AND NAME: \_\_\_\_\_

TEXT AMENDMENT REQUESTED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR TEXT AMENDMENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application must be completed in full and returned with the \$250.00 application fee to the Planning Department at least ten (20) days prior to the regularly scheduled public meeting for the purpose of zoning text amendments. No application will be considered until all required information is submitted. The undersigned states that all information given herein is true.

<b>TEXT AMENDMENT REQUEST</b>	Fee Amount _____ Date Paid _____
APPLICANT SIGNATURE: _____	DATE: _____
PLANNING BOARD RECOMMENDATION: APPROVED <input type="checkbox"/>	MEETING DATE: _____
DENIED <input type="checkbox"/>	
BOARD OF COMMISSIONERS DECISION: APPROVED <input type="checkbox"/>	MEETING DATE: _____
DENIED <input type="checkbox"/>	
ZONING OFFICER SIGNATURE: _____	DATE: _____
CONDITIONS/COMMENTS: _____	
_____	