

APPLICATION INFORMATION		
Date Filed:		
Application #:		
Fee Paid:		

TEXT AMENDMENT APPLICATION

*Please reference the Fee Schedule for cost.

	Applicar	nt Information	n
Applicant Name:			
Address:			
Phone:		Email:	
roposed Text Amendr	nent - Include Article and Section	on Numbers:	
nformation can be relea	g applications are public records used to the public by request.		ding the above information, you agree that said
1) In order to may of the Town of (a.) To (b.) Be co (c.) To	aintain sound, stable and des of Stallings, it is intended that correct manifest error in the cause of changed or changin mmunity as a whole; and/or promote and forward the pu	sirable develont this ordinate ordinance; ag conditions arrposes of the ordinatif amendo	
Owner/Applicant Stat	ement:		
		_	this application is accurate to the best of my ments of the Town of Stallings Ordinances.
Applicant Signatu	re:		Date: