



Town of Waxhaw
 Planning and Inspections
 Department
 1150 N. Broome Street, PO Box 617
 Waxhaw, NC 28173
 704-843-2195
 www.waxhaw.com

Date Received
Received By
Fee

TEXT AMENDMENT APPLICATION

Date of Application: _____ Application Number: _____
(completed by staff)

Applicant Information

Applicant Name: _____

Applicant Address: _____

Applicant Telephone: _____

Type of Change: New Addition _____ or Revision _____

Ordinance Section: _____

Current Text: _____

Proposed Text: _____

Reason for requested change (attach additional sheets if necessary): _____

I do hereby certify that all information which I have provided for this application is, to the best of my knowledge, correct.

Signature of Applicant _____

Date _____

All of the information herein required has been submitted by the applicant and is included or attached with this application

(Signature of Zoning Administrator)

(Date)

TO BE FILLED OUT BY ZONING ADMINISTRATOR

Completed application submitted on: _____

Reviewed by Planning Board on: _____

Action of Planning Board: _____

Town Board Public Hearing Held On: _____

Date of Town Board Decision: _____

Action Taken by Town Board: _____

****Newspaper Affidavit should be attached***

Public Hearing Notice Filed in: _____
(Name of Newspaper)

Date(s) Notices Published: _____



TEXT/MAP AMENDMENT APPLICATION- CHECKLIST

This is a standardized document generated to facilitate consistent Text Amendment Applications. All standards and requirements of the corresponding general Zoning District must be met. Additional requirements may be necessary based on site-specific conditions. This information must also be submitted in digital format. Reference LDC Chapter 3 for more information.

Text amendments may be initiated by the Board of Commissioners, Planning Board, planning staff, and any person having a substantial interest in the Land Development Code (LDC). When completing an application to amend the text of the LDC, provide the section number of the LDC you wish to modify. Please provide an excerpt of the section you wish to change with proposed deletions formatted as strikethrough and proposed additions formatted as red text. See a legend below for reference:

~~Strikethrough~~: Proposed Deletions

Red: Proposed Additions

Project Name: _____	Date Submitted: _____
Design Contact: _____	Phone/Email: _____
Planner Assigned: _____	Application Complete? <u>Y / No-see below</u>
Number Assigned: _____	Comments Due: _____

If the proposed amendment would require a change in the Zoning Map, the following checklist would apply. If there is no map amendment, disregard.

COMPLETE APPLICATION CONSISTS OF THE FOLLOWING:	YES	N/A
If change in zoning map:		
1. Map showing the land which would be covered by proposed amendment		
2. A legal description of such land		
3. Parcel ID #		
4. The names and addresses of any abutting property owners including those directly across any street		
5. Name, address, & phone # of landowner of subject parcel		
6. Current zoning		
7. Proposed zoning		