UDO Text Amendment Application

Town of Boone Planning & Inspections Department
680 W. King Street, Suite C ◆ Boone, North Carolina 28607
Phone (828) 268-6960 ◆ Fax (828) 268-6961 ◆ Email: planning@townofboone.net ◆ www.townofboone.net

A. Contact Information

Applicant: _____ Company: _____

Address: _____

Phone Number: _____ Email Address: _____

B. Text Information

Amendment is to:

Article(s): _____

Section(s): _____

Brief Description of Amendment (Attach Proposed Text):

_____

_____

_____

C. Applicant Signature

By signing this form you are certifying that this application and any attached information is accurate. Failure to provide accurate information or failure to provide any requested information may result in delays to permit processing.

Applicant (Print)	Applicant Signature	Date

Official Use Only

Permit Name:				
Permit Number:				
Date:	Fee:	Receipt Number:	Method of Payment: ☐ Cash ☐ Check Number:____	Paid By:

Official Use Only - Hearing/Decision Information

Public Hearing Meeting Date: _____

PC Meeting Date: _____

TC Meeting Date: _____

Text Approved: ❑ Yes ❑ No If yes, date entered into UDO: _____

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