



Town of Aberdeen

Planning Department

Phone: (910)944-7024

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For office use only:

Application No. _____

Date Received: _____

Amount Received: _____

Code of Ordinance Text Amendment

APPLICANT INFORMATION:

Applicant: _____

Phone No. _____ Cell No. _____ Email: _____

Applicant's Address _____

Purpose of Request: _____

Amend Chapter: _____ Section: _____ as follows

NOTE: DEADLINE FOR SUBMITTAL IS ONE MONTH PRIOR TO THE APPLICABLE MEETING DATE OF THE BOARD.

Acceptance of this application does not imply approval of this request.

Applicant's Signature

Date