



# Town of Aberdeen

Planning Department  
Phone: (910)944-7024  
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For office use only:

Application No. \_\_\_\_\_

Date Received: \_\_\_\_\_

Amount Received: \_\_\_\_\_

## Zoning Code 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 PLANNING BOARD.**

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date