



Town of Aberdeen

Planning Department
Phone: (910) 944-7024
Fax: (910) 944-3672

For office use only:

Application No. _____

Date Received: _____

Amount Received: _____

Minor Modification to Permit

(Fee = \$100)

APPLICANT INFORMATION:

Applicant: _____

Phone No. _____ Cell No. _____ Email: _____

Applicant's Address _____

Purpose of Request:

Modification to: Conditional Use Permit (Number: _____)

Special Use Permit (Number: _____)

Other: _____

Modification Description: _____

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

Attach plans or other documents as required by the Planning Director.
Acceptance of this application does not imply approval of this request.

Applicant's Signature

Date

Property Owner's Signature (if other than applicant)

Date