



Town of Aberdeen

Planning Department
Phone: (910)944-7024
Fax: (910)944-7459

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