



# City of Havelock

Planning and Inspections Department  
PO Box 368 1 Governmental Ave.  
Havelock, NC 28532  
(252) 444-6643 Email:permits@havelocknc.us

OFFICIAL USE ONLY	
Received By:	_____
Date:	_____
Application #:	_____
Fee Paid:	_____
PB Approval:	_____
Date Approved:	_____
BOC Approval:	_____
Date Approved:	_____

## Zoning Text Amendment Request

\*This application must be completely filled out.\*

**SEE CHAPTER 160.02 OF THE UNIFIED DEVELOPMENT ORDINANCE (UDO) FOR ADDITIONAL INFORMATION REQUIRED. CHAPTER 160 PROVIDES THE AMENDMENT PROCESS. PLEASE ATTACH ADDITIONAL INFORMATION AS NEEDED.**

Applicant Information			
Full Name:			
<i>Last</i>	<i>First</i>	<i>Phone Number/Email</i>	
Agent for:			
Address:			
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Project Information			
It is respectfully requested that you amend the Havelock UDO section(s):			
What does the present regulation say?			
What is your proposed amendment to the text?			
Summary of the Objective of the Amendment:			

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*NOTE: Only ORIGINAL signatures will be accepted. NO photocopies or facsimiles\*\***

## Applicant Submittal Checklist

X	<b>Applicant</b>	<b>Staff</b>	X
	<b>Application submitted seven (7) days prior to the next Technical Review Committee (TRC) meeting</b>		
	<b>Fee paid per current fee schedule</b>		