

**CITY OF ALBEMARLE
PETITION FOR ZONING TEXT CHANGE**

Petition Number: _____ Date of Petition _____

1. Petitioner's Name _____

Address _____

Phone _____

(Attach a separate sheet showing name, address, and phone of any co-petitioners)

2. State the exact nature of text change desired. Please make references to sections, page number, etc. Please make specific references to language that you desire deleted and/or language you desire to be added or to be put in place of deleted language. Interrelated changes may be made a part of the same application. Any change that is not interrelated to this change shall require a separate application. An example of an interrelated change is where a change in one section causes the need to change another section. If you need additional space, attach additional page(s).

3. Application processing fee. Attach check, payable to the City of Albemarle in the amount of \$400.00.

4. Applicant must attend all meetings.

I, the undersigned owner or authorized representative, hereby submit this application with the attached information. The information and documents provided are complete and accurate to the best of my knowledge.

DATE

SIGNATURE OF APPLICANT

(The Following Information is to be Completed by the Zoning Administrator)

RECOMMENDATIONS OF THE PLANNING BOARD:

PUBLIC HEARING DATE: _____

Notice of Public Hearing Published in the Stanley News and Press on: _____

Notice to Applicant Mailed on: _____
(Verification Attached)

Action Taken by City Council :

Notification of Action Mailed to Applicant On: _____
(Notification Attached)