



**PETITION FOR TEXT
CHANGE AMENDMENT**

DATE: _____

FEE: _____

APPLICANT INFORMATION

NAME: _____

PHONE: _____

ADDRESS: _____

TEXT CHANGE AMENDMENT REQUEST

SECTION OF UDO APPLICANT IS REQUESTING BEING AMENDED: _____

SPECIFIC TEXT APPLICANT IS REQUESTING BEING AMENDED: _____

REQUESTED TEXT AMENDMENT(S): _____

AS THE PETITIONER, I/WE: _____ request the Town of Burgaw Planning Board recommend to the Town of Burgaw Board of Commissioners to amend the Unified Development Ordinance (UDO) of the Town of Burgaw as outlined above.

PLEASE RETURN COMPLETED PETITION FOR TEXT CHANGE AMENDMENT TO:

**TOWN OF BURGAW
PLANNING DEPARTMENT
109 NORTH WALKER STREET
BURGAW, NC 28425**