



**CITY OF MARION**

194 N. Main Street • P.O. Drawer 700 • Marion, NC 28752

**Planning & Development Department**

**For Office Use Only**

Fee Paid \$ \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_

Application # \_\_\_\_\_

Date Received \_\_\_\_\_

**APPLICATION FOR TEXT AMENDMENT TO THE ZONING ORDINANCE**

(PLEASE TYPE OR PRINT IN INK)

Application Fee: \$350.00

**All applications must be deemed complete prior to the item being scheduled.**

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I (We) respectfully request that you amend sections \_\_\_\_\_  
of the Marion Zoning Ordinance in the following manner: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This request is made for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant

Date