

TOWN OF MARSHALL

180 South Main Street • PO Box 548• Marshall, NC 28753 • Phone (828) 649-3031• Fax (828) 649-3413

Amendment Application-Please fill out completely, or application will not be processed.

(updated 5-18-11)

Date Received:	Received By:	Receipt #:	Case #:
1. Application Type Map Amendment (Rezoning Standard Rezoning Conditional District Rezo	·	Text Amendment: Affected UDO Section	Fee Fee
2. Project Information (for	Map Amendments)		
Date of Application	Name of Project		Phase #
Location	Proper	rty Size (acres)	# of Units (residential)
Current Zoning	Prop	osed Zoning	
Current Land Use	Prope	osed Land Use	
Tax Parcel Number(s)			
3. Contact Information Developer Developer Address		City, State Zip	
Telephone		Fax	
Signature	Print Name		Date
Agent (Registered Engine	eer, Designer, Surveyor, etc.)	Property Owner	
Address		Address	
City, State Zip		City, State Zip	
Telephone	Fax	Telephone	Fax
Signature	Print Name Date	Signature	Print Name Date

•	Description of Business			
ŀ.	Description of Project a. Briefly explain the nature of this request. (all amendments)			
	b. For All Rezonings: Provide a statement regarding the consistency of this request with the Comprehensive Land Use Plan and the surrounding land uses.			
	c. For Conditional District Rezonings: Provide a statement regarding the reasonableness of the rezoning request.			
	c. 1 of Conditional District Rezonings. Trovide a statement regarding the reasonableness of the rezoning request.			
	Page 2 of 3			
	1 mgc = 01 0			

5. Site Plan/Subdivision Plan-For Conditional District rezonings, submit with this application at a minimum a Sketch Planthat meets the requirements of Section 12.3 of the UDO.			