



# 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)

<b>Date Received:</b>	<b>Received By:</b>	<b>Receipt #:</b>	<b>Case #:</b>
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<b>1. Application Type</b>				✓	Fee
<b>Map Amendment (Rezoning):</b>	✓	Fee	<b>Text Amendment:</b>	⊖	_____
Standard Rezoning	⊖	_____	Affected UDO Section #(s):	_____	
Conditional District Rezoning	⊖	_____	_____		
Fee Total					_____

**2. Project Information** (for Map Amendments)

Date of Application \_\_\_\_\_ Name of Project \_\_\_\_\_ Phase # \_\_\_\_\_

Location \_\_\_\_\_ Property Size (acres) \_\_\_\_\_ # of Units (residential) \_\_\_\_\_

Current Zoning \_\_\_\_\_ Proposed Zoning \_\_\_\_\_

Current Land Use \_\_\_\_\_ Proposed Land Use \_\_\_\_\_

Tax Parcel Number(s) \_\_\_\_\_

**3. Contact Information**

\_\_\_\_\_

Developer \_\_\_\_\_

Developer Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

<p>_____ Agent (Registered Engineer, Designer, Surveyor, etc.)</p> <p>_____ Address</p> <p>_____ City, State Zip</p> <p>_____ Telephone                      Fax</p> <p>_____ Signature                      Print Name                      Date</p>	<p>_____ Property Owner</p> <p>_____ Address</p> <p>_____ City, State Zip</p> <p>_____ Telephone                      Fax</p> <p>_____ Signature                      Print Name                      Date</p>
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**5. Site Plan/Subdivision Plan-**For Conditional District rezonings, submit with this application at a minimum a Sketch Plan that meets the requirements of Section 12.3 of the UDO.

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