



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)

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: _____

This request is made for the following reasons: _____

Signature of Applicant

Date