

**TOWN OF NORTH WILKESBORO  
TEXT AMENDMENT APPLICATION FORM**

**GENERAL INFORMATION**

**Date of Application:** \_\_\_\_\_

**Previously Submitted (Circle One):** Yes No

**INFORMATION ABOUT THE PROPOSED TEXT AMENDMENT REQUEST**

A. Will the proposed amendment(s):

1. Change one or more existing sections of the Zoning Ordinance? \_\_\_ Yes \_\_\_ No

2. Add one or more new sections to the Zoning Ordinance? \_\_\_ Yes \_\_\_ No

B. Number(s) and titles(s) of the section(s) proposed to be amended: \_\_\_\_\_  
\_\_\_\_\_

C. Explain the purpose for the amendment and its consistency with town planning policies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Attached is a copy of the proposed text change(s) as required by code: \_\_\_ Yes \_\_\_ No

**CONTACT INFORMATION**

**Applicant:**

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

Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_

**Agent:**

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

Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_

I certify that the information shown above is true and accurate and is in conformance with the Town of North Wilkesboro Zoning Ordinance.

\_\_\_\_\_  
Print Applicant (Or Agent)

\_\_\_\_\_  
Signature Applicant (Or Agent)                      Date

**Town Use Only**

Fee: \$ \_\_\_\_\_ Paid: \_\_\_\_\_ Method: \_\_\_\_\_ Received by: \_\_\_\_\_

Planning Board Decision: \_\_\_\_\_ Planning Board Meeting Date: \_\_\_\_\_