

UDO TEXT AMENDMENT APPLICATION



PLANNING & NEIGHBORHOOD SERVICES
PO Box 2430
Indian Trail, NC 28079
Telephone (704) 821-5401

ONLY COMPLETE APPLICATIONS ACCEPTED

Processing Fee \$500.00

UDO TEXT AMENDMENT APPLICATION

Submittal Requirements

- Completed Application
- Notarized signature of applicant
- Letter of Intent (which has separate explanation(s) as to the text amendment(s) specifically being offered, along with the purpose of the amendment(s))
- Articles of Incorporation, Certificate of Incorporation, Articles of Organization, Corporate Charter, or similar (unless applicant is an individual)
- Fees associated with review

Timeline/Procedures

- The Town Council meets the 2nd and 4th Tuesday of every month; the Planning Board meets the 3rd Tuesday of every month.
- All submittal requirements must be met by the first day of the month before the UDO Text Amendment is heard. For instance, if you wanted to present your UDO Text Amendment before the 3rd Tuesday in March, then you need to have all of your materials into us by February 1st.
- The Planning Board will meet on the 3rd Tuesday of that same month to discuss and transmit a recommendation to the Town Council at their next meeting regarding the proposed UDO Text Amendment.
- A public hearing will be called for by the Town Council at their next scheduled meeting (either the second or fourth Tuesday of the month) to discuss the proposed UDO Text Amendment.
- You must demonstrate to the Planning Board and to the Town Council that this amendment of the UDO conforms to the intent and letter of the Indian Trail Comprehensive Plan, along with being in harmony with the UDO.

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Subject Section of the UDO:

Name _____

Chapter: _____

Purpose: _____

Contact Information – Applicant

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Applicant's Certification

Signature _____ Date _____

Printed Name/Title _____

Signature of
Notary Public _____ Date _____

Notary Seal

TOWN OF INDIAN TRAIL OFFICE USE ONLY

CASE NUMBER: _____

DATE RECEIVED: _____

AMOUNT OF FEE: _____

RECEIVED BY: _____

RECEIPT #: _____