

# **UDO TEXT AMENDMENT APPLICATION**



## **PLANNING & NEIGHBORHOOD SERVICES**

**130 Blythe Drive  
PO Box 2430  
Indian Trail, NC 28079  
Telephone (704) 821-5401  
Fax (704) 821-9045**

**ONLY COMPLETE APPLICATIONS ACCEPTED**

Processing Fee \$500.00

**A TECHNOLOGY FEE, 10% OF PROCESSING FEE, WILL BE APPLIED TO THE TOTAL FEE.**

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# UDO TEXT AMENDMENT APPLICATION

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## 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
- **\*\*A TECHNOLOGY FEE, 10% OF FEE, WILL BE APPLIED TO THE TOTAL FEE.**

## Timeline/Procedures

- The Town Council meets the 2<sup>nd</sup> and 4<sup>th</sup> Tuesday of every month; the Planning Board meets the 3<sup>rd</sup> 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 3<sup>rd</sup> Tuesday in March, then you need to have all of your materials in to us by February 1<sup>st</sup>.
- The Planning Board will meet on the 3<sup>rd</sup> 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.

# UDO TEXT AMENDMENT APPLICATION

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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 #: \_\_\_\_\_