<b>APPLICATION #:</b>	



## TEXT AMENDMENT APPLICATION TOWN OF PRINCEVILLE

	DATE:
APPLICANT INFORMATION:	
APPLICANT:	
PHONE #:	
ADDRESS:	
TEXT AMENDMENT INFORMATION:	
ZONING ORDINANCE SECTION NUMBER AND NAME:	
TEXT AMENDMENT REQUESTED:	
REASON FOR TEXT AMENDMENT:	

**STAFF USE ONLY:** 

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

Application must be completed in full and read Department at least twenty (20) days prior to purpose of zoning text amendments. No appling to the undersigned state of the	the regularly schedule lication will be conside	ed public meeting for the ered until all required
Applicant Signature		
TEXT AMENDMENT REQUEST		
	Fee Amount:	Fee Paid:
Planning Board Recommendation:		