

**COUNTY OF PASQUOTANK
DEPARTMENT OF PLANNING AND INSPECTIONS
PETITION TO AMEND ZONING ORDINANCE TEXT**

APPLICANT:

Name: _____

Address: _____

Telephone: _____

REQUEST

I hereby request the Pasquotank County Zoning Ordinance Text be amended to provide/exclude

provisions that _____

The purpose for amendment would be _____

Applicant

Date

Applicant

Date

FOR OFFICIAL USE:

DATE RECEIVED: _____

FEE _____

RECIPIENT _____