



**TOWN OF CHADBOURN, NORTH CAROLINA**

**Department of Planning**

**602 North Brown Street**

**Chadbourn, North Carolina 28431**

**(910) 654-4148 – Fax: (910) 654-4147**

**TOWN OF CHADBOURN CODE OF ORDINANCES  
TEXT ORDINANCE CHANGE APPLICATION FORM**

\_\_\_\_\_  
**Application Number**

**APPLICANT:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Telephone Number

**REQUEST:**

I, \_\_\_\_\_ (applicant), hereby request the Town of Chadbourn Code of Ordinance Text be amended to provide/exclude provisions that: \_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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*Staff Use Only*

**Application Received by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Application Fee: \$**\_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**Method:** \_\_\_\_\_

**Action Taken by Town of Chadbourn Planning Board:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Meeting Date:** \_\_\_\_\_

**Action Taken by Town of Chadbourn Board of Commissioners:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Meeting Date:** \_\_\_\_\_