



Town of Spring Hope

118 W. Railroad Street
Spring Hope, NC 27882
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For office use only:
Application No. _____
Date Received: _____
Amount Received: _____

Code of Ordinance Text Amendment Application Fee: \$250.00

APPLICANT INFORMATION:

Applicant: _____ Applicant's Address: _____

Phone No. _____ Cell No. _____ Email: _____

Purpose of Request: _____

Amend Chapter: _____ Section: _____ as follows

NOTE: DEADLINE FOR SUBMITTAL IS 1 (ONE) MONTH PRIOR TO THE APPLICABLE MEETING DATE OF THE BOARD.

Acceptance of this application does not imply approval of this request.

Applicant's Signature

Date

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