



# Town of Spring Hope

118 W. Railroad Street  
Spring Hope, NC 27882  
Phone: (252) 478-5186  
Fax: (252) 478-7131

For office use only:
Application No. _____
Date Received: _____
Amount Received: _____

## Code of Ordinance Text Amendment Application Fee: \$200.00

### 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