



**PETITION FOR ZONING AMENDMENT  
(Text Changes)**

Date: \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Text of Ordinance to be amended:

Section: \_\_\_\_\_ Page #: \_\_\_\_\_

Requested Language:

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

Reasons for the requested text amendment: In the space below and on additional paper of needed, describe the reasons for the request and why you feel it is justified.

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit Application to:

Town of Ayden Planning Department  
PO Box 219  
4061 East Ave  
Ayden, NC 28513  
Phone: (252) 481-5828  
Fax: (252) 558-0747  
Email: [ssmith@ayden.com](mailto:ssmith@ayden.com)  
Website: [www.ayden.com](http://www.ayden.com)