



**GENERAL ORDINANCE AMENDMENT REQUEST – APPLICATION**

**Fee: \$50**

Applications for General Ordinance amendments must be complete, accompanied by an application fee as set forth by the Town of Montreat Fee Schedule and submitted to the Town Clerk. The application fee should be made payable to the Town of Montreat and is non-refundable except where an application is withdrawn prior to its initial consideration by the Board of Commissioners. The Board may deliberate and vote to approve or deny this request or may choose to forward the proposed language to the Planning and Zoning Commission for further review and recommendations. You will be notified of the meeting date that the Board will hear this matter and of any action taken or any decision made concerning your request.

All meetings of the Board of Commissioners are open to the public.

Applicant Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

General Ordinance Chapter and Article to be amended: \_\_\_\_\_

Proposed text in full (attach additional sheets if necessary): \_\_\_\_\_

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

Briefly state the reason(s) for this request: \_\_\_\_\_

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

List any attached supporting documents: \_\_\_\_\_

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



ZONING AND INSPECTIONS DEPARTMENT  
P. O. Box 423  
Montreat, NC 28757  
Tel: (828)669-8002, ext. 3030  
Fax: (828)669-3810  
[www.townofmontreat.org](http://www.townofmontreat.org)

**Applicant's Acknowledgement**

I, \_\_\_\_\_, hereby certify that all of the information set forth above is true and accurate to the best of my knowledge.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Applicant's Name (PLEASE PRINT): \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Deemed Complete by Town Clerk

Denied

Date: \_\_\_\_\_ Town Clerk's Signature: \_\_\_\_\_

Town Clerk's Name (PLEASE PRINT): \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_ Cash: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Date Item to be Considered by Board of Commissioners: \_\_\_\_\_