



PETITION FOR APPEAL TEXT  
CHANGE AMENDMENT

DATE: \_\_\_\_\_

FEE: \_\_\_\_\_

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**TEXT CHANGE AMENDMENT REQUEST**

SECTION OF UDO TO BE AMENDED: \_\_\_\_\_

SPECIFIC TEXT APPLICANT IS REQUESTING BE AMENDED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REQUESTED TEXT AMENDMENT(S): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AS THE PETITIONER, I/WE \_\_\_\_\_ request the Town of Topsail Beach Planning Board recommend to the Town of Topsail Beach Board of Commissioners to amend the Unified Development Ordinance (UDO) of the Town of Topsail Beach as outlined above.**

**PLEASE RETURN COMPLETED PETITION FOR TEXT CHANGE AMENDMENT TO:**

**TOWN OF TOPSAIL BEACH  
COMMUNITY DEVELOPMENT  
810 S ANDERSON BOULEVARD  
TOPSAIL BEACH, NC 28445**